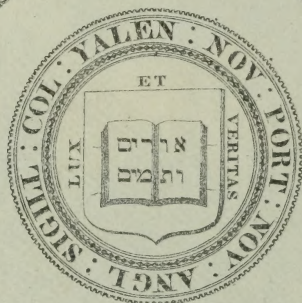






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W. W. MORLAND, M.D., AND FRANCIS MINOT, M.D.

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## CASES OF UTERINE DISEASE.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY FRANCIS MINOT, M.D.

THE following observations relate to two different uterine affections. The first case is one of constriction of the mouth of the womb and of the canal of its neck, accompanied by dysmenorrhœa, for which mechanical dilatation was performed, followed by considerable relief to the symptoms. The last two cases are examples of granular disease of the mucous membrane of the os uteri. One of these patients had prolapsus uteri, leucorrhœa and the train of general symptoms usually accompanying that condition; she was entirely restored after a course of treatment consisting chiefly of astringent applications to the cervix, and continued for upward of three months. The principal symptom presented by the other patient was menorrhagia; the case is adduced chiefly to show the advantage derived from the early treatment of the disease.

CASE I.—*Dysmenorrhœa; Contraction of the Os Uteri; Artificial Dilatation, followed by Improvement.* The patient was an unmarried lady, æt. 32, remarkable for her intelligence, amiability and decision of character. Although she had always been more or less of an invalid, she was patient and cheerful, and never voluntarily made her sufferings the subject of conversation. She had been troubled with dysmenorrhœa ever since she began to menstruate. Her bowels had always been costive, and she suffered frequently from headache. About ten years ago she had an aggravation of her troubles, and fell into a state of invalidism which lasted for about four years. During that time she complained chiefly of frequent pain in the back and limbs, always aggravated at the menstrual periods, headache, nausea, sleeplessness, prostration of strength, inability to walk, and extreme sensitiveness to sound. She had a good appetite, rather gained than lost in flesh, and had no fever. The bowels were costive. She was carried down and up stairs, when she left her chamber, seldom walked,

but drove almost daily in a carriage. She had no symptoms of chlorosis.

As is usual in chronic cases of this description the patient had undergone a great variety of treatment, both regular and irregular, the great object of attention being the uterine function; and in this connection I will state that the menstrual epochs occurred rather more frequently than normal, were generally accompanied with acute pain in the back, thighs and hypogastrium, and that in the intervals the patient had more or less of leucorrhœa. After undergoing general treatment by some of the most eminent physicians in this city, she came under the hands of a notorious empiric in New York, who treated her for occlusion or contraction of the os uteri by the introduction of silver tubes into the canal of the cervix. She was afterward under the care of an eminent Boston physician, who treated her for "ulceration" of the os uteri by the application of caustics. In the autumn of 1851 she went to a water-cure establishment, where she remained nearly a year. Here she was subjected to pretty rigid discipline. Besides the various baths, &c., she was made to take regular and progressive exercise, to observe early hours, and to eat plain but wholesome and abundant food. The effect of this discipline was remarkable; she returned home greatly improved in health, and able to take long walks.

The general good effects which discipline and deprivation of the luxuries and indulgences of home had produced, lasted for some years, although not to the full extent that was at first noticeable. Her catamenial difficulties remained about the same, and her strength became impaired, and she was induced to consult me in May, 1855. She was then complaining of debility, which prevented her from walking far. She was also liable to attacks of fainting, and had, once in two or three weeks, what she called "neuralgia," by which she meant severe pain in the head, limbs and back, lasting from twenty-four to forty-eight hours, and obliging her to keep the bed, often in a darkened room. The menses occurred about once in three and a half weeks, and during the first day were generally accompanied with much pain, the discharge being at that time scanty. It afterward became more free, and less painful. Occasionally it was accompanied with shreds. Its usual duration was about a week. In the intervals between the catamenial periods she was much troubled with leucorrhœa, particularly after walking, though she was seldom obliged to wear napkins; it was always transparent and glairy, like white of egg.

The patient was persuaded that she had uterine disease, with prolapsus of the womb, and also some spinal complaint.

The bowels were very costive, requiring a constant resort to enemata, mild purgatives and a laxative diet, though when she could obtain fresh fruit they were in tolerably good order. There was no emaciation, the pulse was not accelerated, the tongue was clean, the appetite good, the urine natural in quantity and appearance.



There was some tenderness of the abdomen in the region of the liver, in the epigastrium, and in the left iliac fossa.

On examination (May 12th, 1855), the cervix uteri was felt to be somewhat lower than common, smooth, hard, causing some pain when pushed up. The os uteri could not be felt. The vagina was of the natural temperature and moisture. By the rectum, the body of the uterus was in place, felt rather large, and was tender when pressed upon. The posterior wall of the rectum was tender to pressure. The rectum contained feces of a flattened shape. The speculum showed the cervix uteri to be normal in size and color. It was smooth, round, shining, and of a pale rose color, without ulceration or granulation. At first there was no appearance of an os to be found. After a careful search, a minute depression was seen, which admitted a probe with difficulty. The instrument entered with a jerk, as if overcoming some obstacle at the entrance. It then entered about three quarters of an inch, but could not be made to penetrate further.

She was ordered cold hip baths, for a few minutes, twice daily; three drops of nitro-muriatic acid twice daily, the same mixture to be rubbed externally over the hepatic region; pill of extract of colocynth; vaginal injections of cold water; exercise. A fine elastic bougie was introduced into the os uteri as far as possible, and allowed to remain for nearly an hour. This was repeated on several subsequent occasions.

The examination was followed by no pain or disturbance, although the introduction of the speculum caused some pain. The patient began to take regular exercise, and on the 17th walked half a mile three times; the same day she had an abundant, soft evacuation of natural color, which gave her great relief. On the 20th she began to menstruate, it being three weeks and three days from the commencement of the last epoch. The discharge was less abundant than usual, but also less painful. She was not confined to her chamber, and even walked out the same day. I examined her on the 20th, while she was still menstruating. The os did not appear more open than before. Blood was oozing slowly from it. There were no coagula.

On the 29th I began to dilate the os uteri by means of graduated sounds, made by Tiemann. Nos. 1 and 2 were introduced, and afterward a flexible bougie, of the same size, which was allowed to remain *in situ* for one hour. The next day the patient had a good deal of pain in the head, back and limbs, with a feeling of soreness and debility. There was more leucorrhœa. On the 31st and on June 4th the dilators were again introduced. On the 7th, No. 4 was passed in, and afterward a plug of solid elm bark, which was left. It was retained until the 9th, when it was expelled. A tent made of fibres of elm bark covered with wax was substituted. On the 14th (same interval as before) the menses again appeared, with, on the whole, less pain than usual. Dilators Nos. 5 and 6

were introduced June 23d. Compressed sponge was substituted for the elm tent, and found to be much more manageable. On the 5th of July, the os uteri was widely open, and admitted the largest dilator with ease. She again began to menstruate on the 8th, the expected time, and suffered about as much as usual.

In the course of the summer the patient spent several weeks at Newport, where she bathed frequently in the sea. For the first time for several years there was an interval of exactly four weeks between her menstrual periods. The discharge was rather scanty, of a brownish color, and almost free from pain. Her general condition remained about the same; she had the same attacks of general pain as before. The bowels continued costive. She was examined Sept. 20th. There was no ulceration, abrasion or granulation about the cervix. The os appeared nearly closed, but admitted a No. 6 dilator with some difficulty. The dilatation was continued, by means of compressed sponge.

On the 16th October the patient menstruated for the first time since August 7th, the interval being nine weeks and two days. There was no apparent cause for this suspension. This time, the discharge was not preceded by pain, and she did not know she was unwell for some time after it began. During the whole period there was much less pain than usual; the discharge was very abundant, of the natural color, and fluid.

Dec. 15th.—No. 9 dilator was passed with ease. The last menstrual period ceased on the 11th; it occurred exactly four weeks after the preceding one, and was not accompanied by any pain. The discharge was sufficiently abundant, and seemed to flow more freely than usual. The patient had now had, on four different occasions since I began to treat her, an interval of four weeks between the catamenial periods, although other intervals were no longer than three and a half weeks. A perceptible improvement in her general condition had now taken place. She was stronger, took long walks, went into society, and had fewer attacks of “neuralgia,” and these were of shorter duration.

The amendment in the general condition continued, though the menstruation was irregular, and often painful. The attacks which the patient called “neuralgia” also occurred, from time to time, lasting from one to three or four days, and obliging her to keep the bed or sofa most of the time. They always came on suddenly, and seemed to be caused by fatigue or excitement, though sometimes they could not be accounted for. The pain affected chiefly the joints, but was not accompanied by swelling, by fever, or by loss of appetite. From time to time examinations were made in order to be sure that the canal of the cervix was still dilated. She was put on a course of quinine, for several weeks, but without material benefit.

June 18th, 1856, the record says: “since last report (April 20th), the patient has suffered considerably less from menstruation than



before; the period has generally been five days. There has been some irregularity in the periods." On examination, the cervix uteri appeared healthy. The os was not more contracted than before. Felt through the rectum, its body did not appear to be large nor tender. There was plenty of room behind it for the finger. The rectum contained a considerable quantity of flattened fæces.

At this time I ceased all further treatment of the patient, but quite recently she applied to me again, and I transcribe the record from my note-book.

May 7th, 1858.—Since the last report this patient has been decidedly better in her general condition, and, in particular, her menstruation has been less painful. The intervals between the periods have been generally three weeks and three days. Although not strong, she walks a good deal, drives much more, and goes to places of amusement or into society in the evening. She took a sea voyage in February, 1857, passed a few months at the South, and returned by land, bearing the travelling by sea, river and land remarkably well. During the past winter she underwent a great deal of anxiety, fatigue and grief, in consequence of a domestic affliction, and at the same time she suffered more than usual from pain in the head, shoulders and limbs during menstruation. The discharge was also more scanty, while the leucorrhœa was increased, obliging her to resort daily to a vaginal injection of cold water, or alum water. The bowels have been much more regular, of late, which she ascribes to the use of a glass of molasses and water before breakfast, a hint which she got in New Orleans. Feeling that she had derived considerable benefit from the local treatment, she consulted me again, desiring to have an examination made, in order to ascertain whether the os uteri had not again become contracted.

I found the vagina extremely sensitive, especially toward the external parts, so that on expanding the blades of the speculum, the patient experienced severe pain. Different instruments were tried, but a glass speculum was the only one which would enter without much pain, and although this gave an admirable view of the parts, it was not convenient for the introduction of instruments into the uterus. There was some leucorrhœal secretion, of a creamy appearance, in the vagina and about the os uteri. The cervix was in its natural place, the os looking somewhat backward; it was quite smooth, and of a pink color, not larger than common. The os was circular, open, about a line in diameter, and admitted dilator No. 6 to the distance of about an inch. A piece of compressed sponge was inserted, and left. The operation was followed in a few hours by much pain and tenderness in the abdomen, with pain in the head and back. There was no chill, nor fever. The patient was confined to the bed or sofa for a few days, and since then has been in her usual health. No further examination has been made.



Although this patient's sufferings were not greater than those of some women whose condition of life obliges them to continue their daily avocations, while laboring under severe dysmenorrhœa, still she must be considered to have been a great invalid, and the contrast between her present state and that in which she was before she came under treatment, is quite striking. She was then obliged to keep her bed, or sofa, for a day, and sometimes for two or three days, at almost every menstrual period, from severe pain. She was often deprived of sleep at those times. She was unable to walk for any distance, and was obliged in a great measure to avoid society, and to lead the life of an invalid. At present, although by no means strong, and though compelled to be very careful in her regimen, she enjoys a very tolerable state of health.

How far is the improvement to be ascribed to the local treatment? This question, I apprehend, would be answered differently by different physicians. I should not expect Dr. Robert Lee to give any credit to the dilatation of the os uteri, while the disciples of Dr. J. H. Bennet might allow a large share of the cure to this operation. I confess, that to me, the benefit derived from the treatment seems due, in no small measure, to the use of the sponge tent. When we consider that the patient had always suffered from dysmenorrhœa, that the canal of the cervix was extremely small, and the os uteri so minute as to be with difficulty found (one physician, who examined the patient, said that *there was no os*), and that the dilatation of the canal was followed by relief to the dysmenorrhœa, by an increased flow of blood at the monthly periods, and occasionally by a prolongation of the interval between the periods to the normal extent, there seems to be reason for this inference. At the same time, it must be admitted, that although the os uteri was greatly contracted, the menstrual fluid was seen to make its way through it without apparent difficulty; and the relief from pain did not immediately follow the dilatation. I think, however, that the effect of the operation on the patient's mind had something to do with the improvement. She was persuaded that she had some uterine complaint, and that local treatment would relieve it. She was not of a sanguine temperament, but on that very account, though slow in arriving at conclusions, she was very firm in her convictions, and it seems probable that her belief in the efficacy of the treatment contributed much to her restoration.

It may be asked whether the constriction of the os uteri was not the result of the application of caustic to the cervix. I am inclined to think not; the dysmenorrhœa had existed long before local treatment was adopted; the caustics were applied by a gentleman of the highest eminence in this city, and moreover there was no appearance of any cicatrix, indicating that those agents had been employed to excess.

CASE II.—*Leucorrhœa, Prolapsus Uteri, Pain and Debility; Granular Condition of the Os; Treatment by caustic and astringent Applications; Recovery.*

This patient was a widow, aged about 25, blond, of delicate organization, calm temperament, and superior mental endowments. She had two children, the last being a posthumous one, and its mother had suffered much from ill health and from grief during her pregnancy. Before that period, she had been much troubled with leucorrhœa and debility; the former symptom then increased, but was tolerably well controlled by daily injections of cold water. At about the sixth month of pregnancy she had much swelling of the feet and ankles, followed by œdema of the labia, and she suffered much from bearing-down pain, so that she was mostly confined to the sofa. She found much relief from an elastic bandage worn around the lower part of the abdomen. By the beginning of the eighth month, these symptoms greatly diminished, and she was able to take exercise as usual. Her labor was easy, but she had a slow getting up. The lochia lasted longer than usual. Four weeks after parturition, the lochial discharge, which had never ceased, became profuse, of a red color, and appeared exactly like a regular monthly flow. It ceased in one week, as had been usually the case. She took the saccharine carbonate of iron and manganese, and used a cold hip bath daily. Her health improved, though it did not become strong. When her child was five months old, her milk, which had always been scanty, ceased entirely.

Soon after the child was weaned, she began to have much bearing-down pain, with a sensation as if the uterus were about to protrude through the external organs. In fact, the organ was so low in the vagina as to interfere with the use of the syringe. The bowels were very costive. She was unable to walk, had profuse leucorrhœa, and was in so wretched a state that she applied for medical advice.

Feb. 14, 1856.—The patient was examined in the morning, before she had risen from her bed. The cervix was found rather low in the vagina. It felt smooth, hard, not enlarged to any great extent, and was not tender. The os admitted the tip of the finger easily. The vagina was large, moist, and of natural temperature. The pelvis was capacious. The external organs felt hard, and somewhat swollen.

On introducing the speculum, a bright florid ulceration, or granular appearance, was seen surrounding the os uteri, and extending into the canal of the cervix. By its color it contrasted strongly with the surrounding parts. When lightly touched with a stick of nitrate of silver, it became of a snow-white color. No pain was felt from the application.

She was ordered a cold hip bath twice daily; vaginal injections of water; a suppository of lint soaked in a saturated solution of tannin at night; and a bandage with a perineal pad.



Notwithstanding an attack of tonsillitis, which lasted a week, the patient was much better as respects her local troubles. The leucorrhœa decidedly diminished, and she could walk with much less fatigue.

Feb. 22d, she was again examined. The uterus was high up, the edges of the os tinæ were red, granulated, bleeding when touched with a probe, and somewhat tender, especially within the os. The upper lip was the seat of a large patch of this granular appearance, but the whole extent of surface was considerably less than at the last examination. Congress-water, and a tonic and laxative pill of sulphate of iron, aloes and tartrate of antimony, were ordered, the previous treatment being continued.

It would be tedious to enumerate all the details of the progress of the case, which are familiar to those who have had much experience in complaints of this nature. It is sufficient to say, that the nitrate of silver or the sulphate of copper was applied at intervals of about ten days. Occasionally the cervix was freely scarified. Vaginal injections of various astringent solutions, and hip baths, were regularly employed; a course of tonic medicine, consisting chiefly of different preparations of iron, was ordered, with a nutritious diet, to which ale and porter were added, and as much exercise was enjoined as could be taken without fatigue. Cod-liver oil was also prescribed at one time with apparent benefit.

Under this treatment the progress toward recovery was apparent, though not uninterrupted. The patient had occasional relapses. The backache, prostration of strength, leucorrhœa and feeling of bearing-down would from time to time return, and greatly discourage the patient; still, on looking back, it was seen that the general improvement was satisfactory. The local disease steadily declined. The granulated surface gradually diminished in size, and ceased to bleed when touched; the mouth of the uterus closed, so as no longer to admit the tip of the finger. By April, the patient had greatly improved in strength, appetite and spirits. The leucorrhœa was almost gone, and she could walk a mile with ease. April 26th, the cervix presented a nearly normal appearance. The place where the granulations had existed was occupied by a smooth surface, resembling a cicatrix. No abraded surface nor granulations were seen, though there were a few enlarged follicles. The leucorrhœa was slight. It was transparent and glairy, differing entirely from the white, creamy appearance it formerly presented.

By the end of May, a little more than three months after the commencement of the treatment, the patient was in the enjoyment of her usual health, which, as has been stated, was never robust. She was then recommended to travel, and sailed for Europe. She spent the summer chiefly in travelling on the Continent, and improved rapidly in every respect, until she attained a better state of health than she had had for many years before, when, unfortu-



nately, she was attacked with typhoid fever, of which she died in Paris, after a short illness, toward the end of September.

In this case, the patient may be said to have owed her recovery to her willingness to submit to treatment, and to her perseverance in following out the directions which were prescribed. Notwithstanding the frequent relapses in her progress, and the occasional despondency which these produced, she was determined to neglect no means which afforded the hope of recovery. Although her progress was slow, the case was short, compared with many of the same description. It seems probable that if the local treatment had been adopted before she became pregnant for the second time, she would have been more quickly cured, and much of her subsequent ill health prevented. The advantage of early treatment in these affections is well shown in the following case.

CASE III.—*Menorrhagia following Abortion; Granular Condition of the Cervix Uteri; Rapid Recovery after local Treatment.*

A married lady, aged 20 years, became pregnant five months after the birth of her first child, which she was still nursing. In May, 1856, she aborted, without known cause, at about the eighth week. She flowed profusely during and after this accident. Her regular catamenial period occurred June 22d, at which time there was an aggravation of the discharge. She was kept on the sofa, and on the 27th the hæmorrhage had so far diminished as to allow an examination by the speculum, which revealed a large and patulous os uteri, with a patch of red, granular surface upon each lip, especially the right one, the direction of the os tincæ being rather antero-posterior than transverse. She had had very little leucorrhœa, and very little pain; the great trouble was the hæmorrhage, which was always aggravated by exercise. She had lost considerable flesh, but had a good appetite, and sufficient milk for her child. The bowels were always costive.

The granular patches were lightly touched with the solid nitrate of silver, which turned them of a snow-white color. She was ordered astringent vaginal injections, hip baths, laxatives, and a mixture containing sulphate of iron, sulphuric acid and sulphate of magnesia.

July 1st.—Having accidentally brought a different speculum from that employed at the last visit, I found it impossible to introduce it without giving much pain. I therefore applied a crayon of sulphate of copper freely to the os tincæ, without the aid of the speculum. There had been no hæmorrhage since the last visit.

July 11th.—The patient was greatly improved in all respects. There had been no hæmorrhage. She was much stronger, and felt quite well. On careful examination by the speculum, the cervix and os uteri appeared perfectly healthy. No application was made, and the patient has since been quite free from uterine symptoms.

If this patient had neglected to apply for advice at an early

period, or had refused to submit to local treatment, as is so often the case, the chances are that she would have become a miserable invalid for months, and been cured with great difficulty.

### VACCINATION.—A REVIEW.\*

[Communicated for the Boston Medical and Surgical Journal.]

THIS is truly a valuable discourse. Partaking more of the character of a scientific paper than of an oratorical effusion, it records, in a manly and unassuming style, important results of personal observation and actual experiment. Its appearance is not untimely, for it is not a little remarkable that a subject so nearly within the range of demonstration, should, after the lapse of more than half a century, continue to give occasion for so great differences of opinion and such prolix discussions. Some very sanguine practitioners would still have us believe that vaccination "well performed," that is to say, performed by themselves, is in every instance an unfailing and complete protection. Others, in distrust of the experience of so many years, seem to fear its gradual loss of efficacy, and begin to advocate, more or less boldly, a return to variolous inoculation. While the larger number, between these two extremes, appear to be greatly disturbed, from time to time, by the speculations of some new theorizer, attempting to show, amongst other things perhaps, that the vaccine protection is gradually eliminated by time or the normal changes in the constitution of the individual, so as to render re-vaccination necessary after three, five, seven, ten, or more years, according to his own peculiar fancies. The discourse before us will do much to settle the opinions of the undecided, and will give all, who may carefully study its pages, a surer foundation for rational practice.

Notwithstanding the prevalent obscuration, it seems to us that the gist of the whole matter may be expressed in a very few words.

Smallpox is an infectious† disease. Some individuals, as in other infectious diseases, enjoy a natural exemption, and, however much or frequently exposed, go through life without contracting it. Others may suffer from repeated attacks. The number liable to a second or a third attack of smallpox, is much greater than is generally supposed.

Vaccine disease is the result of smallpox infection communicated to the cow.

As these diseases are identical, it is easily seen why the one, and that the milder of the two, may be substituted for the other; though it is not unreasonable to conclude that the modified form

\* Investigations upon the subject of Vaccination; being the Annual Discourse read before the Massachusetts Medical Society at the Annual Meeting, May 26, 1853. By Horatio Adams, M.D., of Waltham. Med. Com. Mass. Med. Society. Second Series. Vol. V., Part IV., Article IV. Pp. 221-254.

† Contagious, if any one chooses—we prefer infectious.

may be less effective in protective power as it is less violent in other manifestations. Moreover, by the usual method, it is forced upon the system prepared or unprepared, as the chance may be, whereas the disease itself, in the "natural way," never makes its attack unless the system be ready for it.

Once protected, the individual is always protected. It is contrary to analogy, experiment and experience to suppose otherwise. If an individual can receive smallpox a second time in any degree of severity, to such a degree at least may he receive a second vaccine disease. This may happen within a few months after the first reception, as we have had repeated opportunities to witness, as well as after a longer interval.

Re-vaccination is necessary only to ascertain the amount of protection afforded by the first insertion. The sooner this is resorted to, the less the chance of an incursion of severe smallpox, or varioloid. It should be repeated until it ceases to take effect.

These positions are of course based upon the supposition that vaccination has been "well performed," and not upon incorrect diagnoses or spurious cases. We have maintained them for many years, and believe them to be in accordance with all observed facts. They receive additional strength from the discourse before us, from which we propose to make a few extracts, and to offer a few comments.

"It must be admitted," says Dr. Adams, p. 225, "that the operation [of vaccination] has in some few instances been of no avail." But the same thing is true of smallpox itself, a single attack of which has not, in every instance, saved the individual from a second, and that too of even fatal severity. This fact should no more be urged against the protective powers of the one disease than of the other. In this respect these diseases seem to us no exception, as Dr. Adams intimates, p. 227, to the general law applicable to "measles, scarlet fever, chickenpox," &c., all of which are not infrequently "produced a second time in the same individual." To this circumstance, and not to the supposition that "time gradually eliminates from the system the prophylactic power of the vaccine disease," is to be attributed the occurrence of varioloid after vaccination. To proofs already sufficient, one would think, for the most skeptical, Dr. Adams has added a valuable "series of observations which have been made with great care," and faithfully recorded, pp. 228—234. From these, his own cases, he draws the following conclusions:—"It appears, then, that the facts which have been adduced do not sustain the theory of the gradual elimination, by time, of the protective influence of the vaccine disease. On the contrary, they conclusively show that the susceptibility to the disease, under a second vaccination, is not greater at the end of twenty-five years than it is at the end of one year."

The theory that the virus now in use has become deterior-



rated, is also demolished by actual experiments—a good work, truly; though for many, a work of supererogation. For, as Dr. Adams remarks, p. 235, “no sufficient proof has ever been brought forward to establish the truth of this theory.” To render his evidence undeniable, Dr. Adams (and in this he was the first, if not the only, successful experimenter in this country) repeated the experiment of communicating the smallpox to a cow. He then made use of the vaccine lymph from the disease so induced. The history and results of these experiments, in which we took an active interest at the time of their performance, are detailed on pages 137—139 of the discourse, and they “conclusively prove that the virus has not been enfeebled in consequence of its frequent transmission through human bodies.” Moreover, they afford the consolatory reflection that “it should not, if it were true, be urged as an objection to vaccination, since it can be so readily reproduced in all its original vigor.”

Dr. Adams next proceeds to the consideration of the causes of the occasional failure of the vaccine process to protect against smallpox infection; devoting the subsequent ten pages of the discourse to an exposure of these causes, and to suggestions for their removal. These suggestions are grouped under the heads of “properly-qualified” operators, “attention to the progress of each case,” “virus from none but perfectly-developed vesicles,” “the health and the age of the person,” and the “number of vesicles.” They are such as every rational practitioner will desire to be guided by in every case under his care—that he may not, by any possibility, incur the consciousness of even the slightest remissness. Yet we are more than half inclined to believe that too much stress is often laid on some of the alleged sources of post-vaccinal variola. Army statistics, like those quoted in the discourse, do not show more proportional cases of second vaccine disease in the troops than in others, and yet soldiers are usually taken from classes where the first vaccination is most likely to be carelessly performed. The truth is, and the same may be said of inoculated variola, that a certain proportion, however carefully vaccinated, will fail to receive all the hoped-for protection; and this is simply because the vaccine process is not a natural process, and can never be expected to have all the protective power, no more than all the severity and other characteristics of the natural disease taken in the natural way.

The selection of proper virus is urged by all as of the greatest importance. Yet, most writers intimate that it is regarded by operators with seeming indifference. The condition, health, good constitution, and other characteristics of the subject, a perfect vesicle, and the proper stage of the disease, are all rightly insisted on. Dr. Adams says, p. 241, “matter taken from a perfect vesicle at too late a period will produce a spurious disease; pus will be so far mixed with the lymph as to produce, when introduced

into the arm of another, an inflamed sore, and a pustule, which will exert but a very feeble, if any protective influence on the recipient." Other writers equally urge the necessity of using only pure lymph, and deprecate with great earnestness the employment of any having the slightest chance of purulent admixture. If there be just ground for such scrupulous care, and who will deny it, what is to be said of the very common practice of propagating the vaccine disease by the scab? Dr. Adams has not alluded to this point, unless possibly in the sentence above quoted. He, however, as well as others, repeatedly insists upon pure lymph, free from the slightest mixture or chance of mixture with purulent matter. Now the scab must necessarily contain a large proportion of pus intimately combined with the virus. It is impossible to use the one, in dry or dissolved scab, without introducing the other with it. If the virus, so obtained, have power remaining sufficient to propagate the vaccine disease, the pus must also be sufficiently active to vitiate the protective influence. The amount of "spurious disease" and consequent imperfect protection so engendered, is well worthy of investigation. It must be very large, if the fear entertained by writers in regard to the admixture of pus has any just foundation.

As the degree of severity of any case of smallpox, and not the immunity afforded thereby, is to be estimated, chiefly by the constitutional disturbance, in part by the size, number and progress of the pocks, and least of all by the subsequent appearances of the cicatrices; it is not easy to conceive how the amount of protective influence of vaccination can be measured by the number of vesicles, or by the "distinct, foveated, dotted" or other appearances of the cicatrix. In true smallpox, the individual who is least susceptible to the disease will have the least marks of its ravages, and will be less liable to a second attack than he who, more susceptible, has a severer form and becomes more deeply scarred. So in vaccine disease, may not the individual, who gives evidence by "good cicatrices" of having been severely affected, be less likely to have had all his susceptibility eliminated, and consequently require a second vaccination to save him from the chance of contracting smallpox on exposure to that disease? We think that we have had evidence enough that such is the fact. We often see those who can exhibit only a very feebly-marked scar, and were known to have experienced no sensible disturbance during the vaccine process, who will not receive a second vaccine disease, nor take variola, no matter how much or how frequently exposed. Hence we cannot accept, without a commentary, the opinion "that the degree of protection, which every one experiences from vaccination, is in exact proportion to the specific constitutional effect produced"—page 247.

There are some other points on which we might wish to offer a few remarks had we not already exceeded the intended limits of



this paper. We repeat, that the discourse is one of great value, and commend it to the careful examination of all interested in the subject. Especially do we endorse these its rational and legitimate conclusions :

“ Our own observations have led us to the following conclusions, viz. : that it is of the utmost importance that the first vaccination should be performed with great care ; that if the susceptibility to receive smallpox is once extinguished in the system, it remains so, and re-vaccination is superfluous. In order that we may be sure that this susceptibility is extinguished, vaccination should be repeated so long as it produces any specific effect ; especially should it always be repeated when the first operation has been performed at an early age, during dentition, or when disease of any kind, or a diseased diathesis, existed. Then, as so much looseness in the manner of performing vaccination, and in the selection of the virus, has been shown to exist, it would be well always, as a matter of precaution, to re-vaccinate all who may at any time be directly exposed to smallpox. If this be done, on or before the fifth day after exposure, it will usually take precedence of, or essentially modify, that disease. This precautionary measure would, we believe, be entirely unnecessary, could we be perfectly satisfied that the above prerequisites had been strictly observed.”—P. 225.

B. E. C.

#### BELLADONNA AS A MEANS OF SUPPRESSING THE MILK.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the last number of Vol. LIV. of your valuable JOURNAL, you quoted a statement of Mr. Gibbon in the *Lancet*, on the suppression of the secretion of the mammary glands by belladonna. In your number for July 15th you express the wish to hear of experiments made with this drug in like cases, which induces me to give you my experience in three cases, in which I employed belladonna for the above-named purpose.

The first case occurred to me at Rindge, N. H., my former place of residence, only a few weeks after the above quotation in your JOURNAL, when I employed flannel compresses moistened with a solution of the extract of belladonna. The secretion of milk had commenced two days previous to the birth of the child, which died four days after delivery, under symptoms of cerebral pressure. The child having been laid on the breast four hours after birth, nursed from time to time, until a few hours previous to its death. The milk being very abundant, and continuing so during three days after the child's death, was repeatedly drawn by the pump, and the above-named compresses were continually applied, when the secretion soon ceased, leaving the nipples slightly sore to the touch, probably from the application of the breast-pump more than anything else. The solution of belladonna was discontinued at the ninth day from its first being used, leaving the breasts in a good and healthy condition.



The second case occurred in the wife of the undersigned. The child died sixty-two hours after delivery. The secretion of the mammae commenced on the morning of the second day. The same applications as in the first case were made during eight days, when the secretion ceased. There was no soreness of the nipples, but some indurated nodules were felt in several parts of the breast, during the first few days, which melted under the use of castor oil carefully rubbed into the hardened parts.

CASE III.—Mrs. R. B. Phillips, Keokuk, Iowa. The child, aged  $13\frac{1}{2}$  months, died from the effects of dentition. The breasts, the third day after the child's death, were very hard and painful. Castor oil was used as an embrocation, and the milk was extracted repeatedly. I then made use of a strong infusion of the fresh leaves of belladonna, which were near at hand, applying it as above. A decided improvement was visible after the first few applications; the breasts becoming soft and less tender, ceased to secrete by the first day after the applications.

Here are three cases in which belladonna has acted favorably in my hands; and although the question, "*would the secretion not perhaps have ceased spontaneously?*" remains in some measure still open, the above result will induce me to a similar treatment in similar cases, the more so, as in two cases out of the three the breast-pump was deemed necessary, which thus far was an interference with mother nature; but, notwithstanding this always more or less irritating interference, the cases improved as rapidly as could be desired.

Yours truly,

EDMUND SEYFFARTH, M.D.

Keokuk, Iowa, July 20th, 1858.

#### EXTERNAL APPLICATION OF BELLADONNA AS A MEANS OF ARRESTING THE LACTEAL SECRETION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In No. 24 of your JOURNAL you request your readers to test the powers of belladonna in arresting the lacteal secretion, and report the result. I therefore send the following brief report of two cases which were treated about the middle of last month.

Mrs. M., æt. 26, lost her second child five days after its birth. Within twenty-four hours thereafter her husband applied to me for a prescription for his wife, stating that her breasts were very painful and greatly distended with milk. I gave him an ointment made of equal parts of extract of belladonna and lard, and told him to apply it three times a day, on the areolæ around the nipples. After the first application (at night), the pain nearly ceased; it was used twice the next day and once the day following, but not afterward, because my patient said that it was not necessary.

Dr. Stout, of this place, made the same prescription in a similar

case, with like results, but he is unable to give me the particulars, as he did not see his patient at all.

From these two cases it would *seem* that nothing better could be desired to arrest the secretion of milk; the effect, it is true, *may* not have been produced by the remedy, but I am now disposed to think otherwise.

Yours, truly,

*Ottawa, Ill., July 23d, 1858.*

J. O. HARRIS, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 5, 1858.

### LONGEVITY OF GRADUATES OF COLLEGES.

NEARLY a year ago we published some interesting statistics concerning the duration of life among the graduates of Harvard College, deduced from the computations of Professor PEIRCE. The most striking result was the fact that those graduates were longer-lived than the average of mankind; and the ample materials for the calculation would seem to warrant their being quite reliable. In looking over the necrology of Harvard for the past year, we find a striking confirmation of the results obtained by Mr. Peirce, in the remarkably advanced age of those who died since Commencement Day, 1857. The number of deaths, so far as ascertained, is 30, and the aggregate ages of the deceased amount to 1913 years, giving an average of  $63\frac{1}{2}$  years to each person. One graduate died at the age of 93 years; 7 were over 80; 9 between 70 and 80; 2 between 60 and 70; 3 between 50 and 60; 9 were under 50. The age of the youngest was 25.

These results are also confirmed in a striking manner by similar ones obtained from the necrology of Yale College for the past year. The number of graduates of Yale who died during the year, and whose ages are recorded, was 46, and their aggregate ages amount to 2873 years, giving an average of  $62\frac{1}{2}$  to each graduate. There were 4 over 80 years; 19 between 70 and 80; 4 between 60 and 70.

There is every reason for supposing that the probable duration of life among the graduates of Yale is equal to that of the graduates of Harvard. As the numbers of the alumni of the two institutions are about the same, the result of computations for that college, similar to those undertaken by Mr. Peirce, would be of great interest and value. If the two sets of calculations were found to agree, the result ought to have the effect of diminishing the premium on the life-insurance of the graduates of literary institutions. We have long been of the opinion that the rates of insurance on the lives of members of the learned professions were too high. Great numbers are deterred by this circumstance from insuring. Now if it could be ascertained that the risk was really less than has hitherto been supposed, the rates might be lowered with the greatest advantage both to the insurance offices and to young men entering the professions. It is notorious that but a very small number of our lawyers, clergymen and physicians earn more than a small competency. Few leave more than a pittance to their families when they are cut off midway in their career,

and it would require but a small inducement to make them insure their lives for the benefit of their families. This is especially the case with members of our profession, by far the worst paid of any for the amount of work done, and one in which the incumbent is constantly exposed to disease, and not infrequently to death.

We have not written these remarks with the expectation of influencing the directors of life-insurance companies. Of all corporations they seem to be the most soul-less. An institution which pays a medical man *one dollar* (when it pays him anything) for an opinion which no lawyer would give under fifty dollars, is not likely to listen to any proposition about reducing its charges, however probable it seems that its earnings would thereby be greatly increased. We merely wish to suggest the feasibility of establishing a new life-insurance office, for literary men, whose rates should be moderate, in proportion to the diminished risk, and whose medical as well as legal opinions should be properly paid for, so that no unsound lives should be insured for want of competent advice. Such an institution would meet with a large patronage from the graduates of our colleges.

#### PUBLIC BATHS.

A SOCIETY has been formed in New York whose aim is to provide the inhabitants of that city with gratuitous river baths. At a meeting of the company, which appears to be composed mainly of Germans, a committee was appointed to memorialize the city government on the importance of public baths as a means of promoting the health of the community, and of preventing the frequency of death by drowning. The members of this society pay a yearly contribution, and hope with other assistance to be able to build several bathing establishments, at which no pay for bathing will be taken, and which consequently will yield no pecuniary return to the company. It is proposed that each shall contain a separate bathing place for men, women and children. The committee petition the Common Council for the use of land for the location of the baths, and for other material aid. Mayor Tiemann sent the petition to the Common Council, with a communication setting forth the great importance of the measure, and recommending such action as would result in carrying out the views of the committee.

There are doubtless great obstacles in the way of establishing public baths; but if the thing could be done, it would without doubt exercise a most favorable effect on the health of the citizens, and even promote, in no small degree, public morality. With such superb natural advantages as New York possesses for bathing, it is a matter of surprise that she has few establishments where the luxury of a swimming bath can be indulged in. Paris, with her dirty river, has numerous baths where, for a few sous, any one can have the advantage of a swim, though to judge by the appearance of the water, the blessing may seem to be a doubtful one. With such a magnificent supply of pure sea water, New York should have the finest baths in the world, and the connection between personal cleanliness and health is so self-evident that we hope this valuable suggestion may be carried out.

The advantages of one or more public baths in Boston are equally obvious, while the facilities for their establishment are no less so. May we not hope before long to see a similar movement set on foot in our city? The expense to the city would not be great, and if the baths were placed under proper police control, they would not be



liable to abuse. Connected with them, should be warm baths, to be used at seasons when cold bathing is not practicable. As a means of promoting the health, comfort and well being of the lower classes of citizens, we think few projects would be more successful.

#### BELLADONNA IN ARRESTING THE SECRETION OF MILK.

IN accordance with a request, in the number for July 15th, that our correspondents would test the powers of belladonna in arresting the secretion of milk, we have received two communications, which we publish to-day, containing the results of five observations, which on the whole tend to show that there is some virtue in the remedy, though this is by no means proved. In Dr. HARRIS's first case, the breasts being "very painful and greatly distended with milk," the first application of belladonna produced almost entire relief from pain, and, it may be presumed, the secretion of milk ceased, or greatly diminished, though nothing is said as to this particular. No mention is made as to whether the patient nursed her child during the five days that it lived; indeed it appears that Dr. Harris did not see the woman at all. It is quite possible that the relief in this case was owing to the remedy, but there is nothing in the report to prove this. We are not informed what other remedies had been employed, and every physician has seen many cases in which the lacteal secretion ceases in a few days after the woman stops suckling, particularly if the breasts are not interfered with, the effect being often hastened by the action of a saline purgative. The case of Dr. STOUT is too vaguely reported to have much bearing on the subject.

In the first observation of Dr. SEYFFARTH, the secretion of milk began two days before the birth of the child, which lived and nursed for four days. The milk, which was very abundant, was repeatedly drawn off by the pump, and a solution of the extract of belladonna was applied to the breasts, on flannel. How long time was required to produce the effect is not stated; but as it appears that the remedy was continued till the ninth day, it is reasonable to suppose that the excessive secretion did not cease before the end of a week, which renders the efficacy of the belladonna somewhat doubtful. In the second case, the remedy was continued eight days, when the secretion ceased. In Dr. Seyffarth's last case, the remedy being applied on the third day, a decided improvement was at once visible.

These cases are of interest, and, as we have already said, tend to show some effect from the use of the belladonna. The remedy cannot, however, be said to be tested by them. We can only infer that the patients were *cured* on the principle of *post hoc, ergo propter hoc*. The proper cases for conclusive experiments would be those of genuine galactorrhœa, where the flow had continued for a considerable time, and seemed likely to continue. If the application of belladonna in such cases be followed within a reasonable time by a cessation or decided diminution of the secretion, there would be every reason to suppose the disease was cured by the remedy, provided no other means had been employed at the same time.

#### SELLING POISONS AT RETAIL.

NOTWITHSTANDING we have repeatedly urged the necessity of some law compelling apothecaries to be cautious in the sale of poisons (since so many of them are unwilling to take the trouble to be so), we

must again allude to the subject, a new instance of culpable carelessness having come to our knowledge. A girl went to an apothecary's, with her face bound up in a handkerchief, and asked for an *ounce* of laudanum, to stop the toothache. The apothecary without hesitation supplied her with the amount of poison required, which the girl swallowed, as soon as she reached home, with the intention of destroying herself. Dr. ALLEY, who was called in, saw her twenty minutes afterward, and, by giving an emetic of mustard and water, succeeded in making her vomit up what laudanum remained in her stomach. Enough, however, had been absorbed to cause threatening symptoms, and the girl's life was only saved by long-continued and energetic treatment.

It seems as if any man would have sense enough to know that a drachm of laudanum was all that was required for the alleged purpose, and that a larger quantity might accidentally, or, as in the present instance, intentionally be put to a mischievous use. Why cannot druggists make it a rule to refuse to sell dangerous articles unless the purchaser can produce a physician's prescription, or some other guarantee that the drug is to be used only for a lawful and proper purpose?

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#### CORONERS' INQUESTS AND THE BOSTON COURIER.

MESSRS. EDITORS,—In the *Boston Courier* of Saturday, July 24th, was a long article purporting to set forth the abuses of the present system of coroners' inquests. With the main subject of the article I have nothing here to do; but it attempts to hold up to contempt and obloquy three highly respectable physicians. Of these, Dr. Stedman, the Coroner, can speak for himself officially. He is under heavy bonds to do his work faithfully, and if he is found wanting there is an obvious means of bringing him to account. Against his son, C. Ellery Stedman, the sum of offence is, that he made a *post mortem* for his father and sat on one or two juries of inquest—charges too trivial and too evident in their intent to require further notice. Against Dr. Ainsworth the injustice and outrage is the grossest, the more particularly as no definite charge—unless a very slight one of offence against etiquette—is made against him, but low trickery and slang are resorted to, to make out, by implication, a case of complicity against him. His middle name is printed in quotation marks, to show he is one of the "Smiths" frequently alluded to in the context; he is called a "quasi-doctor," a "so-called" doctor, &c. Now the animus of the whole article is too patent—its abuse and scurrility too evident, to permit it to bear very heavily on any one, much less upon a gentleman of the standing of Dr. Ainsworth, or of the other two mentioned; but it appears in a paper which has lately received a much-improved status, and a great increase in its subscription list, from the association in its affairs of two distinguished literary men, Mr. George S. Hillard and Mr. George Lunt. Under the common and wide-spread impression that these gentlemen were the editors of the paper, and under the feeling that the article had weight from that fact, I addressed a note to "the Editors," pointing out the gross injustice of it, and also the false statements contained in it. The published answer was a refusal to print it, as it was from a "*friend*" of the party. An interview with one of the gentlemen just named took place, and the explanation was made that neither he nor his associate had any



control over the columns of the *Courier*. If this fact be thoroughly understood by the public, the scurrility and falsehood of the article at once disarms it, and we must only deeply regret the imperative necessity which brings such men into connection with such things. It might be mentioned that Dr. Ainsworth's connection with the "coroner system" is limited to three *post mortems* made during the last six months, and for which he was selected in consequence of having prosecuted investigations for some years past in that direction, and to having sat six times on juries. C.

Boston, August 2d, 1858.

*The late Dr. James Deane.*—A public testimonial of respect to the character of the late Dr. JAMES DEANE took place in Greenfield, under the auspices of the Franklin District Medical Society, on Wednesday, the 4th inst. A eulogy was delivered in the Town Hall by HENRY I. BOWDITCH, M.D., of Boston.

*College of Physicians and Surgeons.*—The Regents of the University have appointed Dr. Edward Delafield President of the College of Physicians and Surgeons, New York, in place of Dr. Thomas Cock, resigned: and have also appointed Dr. Edward L. Beadle, Vice President of the same institution, in place of Dr. Delafield.

THE Third Convention of the New England Gallaudet Association of Deaf-Mutes, will be held at Worcester, Sept. 8th, 9th and 10th, 1858.

*Health of the City.*—The mortality of Boston has been on the rise for the last few weeks, as is usual at this season. The disease which exhibits the greatest increase in deaths, is dysentery—of which there were 6 fatal cases. There were also 6 deaths from "infantile diseases," 5 from "convulsions," 4 from cholera infantum, and 5 from whooping cough. The number of deaths from various diseases of the bowels appears to have been about 12. Of the total of 74 deaths, 6 were from violent causes, and 34 were of subjects under 5 years of age. A few cases of yellow fever arrived during the week, on board the bark Sebovis, at quarantine, from Cienfuegos, via Key West, but we have heard of no death from the disease. The number of deaths during the corresponding week of 1857, was also 74, of which 10 were from consumption, 7 from cholera infantum, 4 from dysentery, and 2 from whooping cough.

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*Communications Received.*—Case of Acephalous Fœtus.

*Books and Pamphlets Received.*—The Anatomy of the Placenta. By J. C. Dalton, M.D.

MARRIED.—At Chelsea, Dr. Mayo G. Smith to Miss Harriet Matilda Bennett, of Weston, Va.—At Berne, Switzerland, 15th ult., Dr. Francis P. Abbott, of Berlin, Prussia, to Miss Caroline, only daughter of Hon. Mr. Fay, U. S. Minister to Switzerland.

DIED.—At Lancaster, N. H., 19th ult., Dr. Eliphalet Lyman, 77.—In Wheeling, Va., June 22d, N. S. Bartlett, M.D., 39.

*Deaths in Boston* for the week ending Saturday noon, July 31st, 74. Males, 42—Females, 32.—Accident, 4—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 4—consumption, 7—convulsions, 5—cholera infantum, 4—cholera morbus, 1—dysentery, 6—dropsy, 2—dropsy in the head, 1—drowned, 1—debility, 1—infantile diseases, 6—scarlet fever, 2—typhoid fever, 1—yellow fever, 1—hemorrhage of the lungs, 1—jaundice, 2—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 1—old age, 2—palsy, 2—pleurisy, 1—rheumatism, 1—scrofula, 1—suicide, 1—teething, 4—unknown, 2—whooping cough, 5.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 49—Ireland, 20—other places, 5.



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## ILLUSTRATIONS OF TYPHUS FEVER.

THE RESULT OF OBSERVATIONS MADE AT THE LONDON FEVER HOSPITAL IN THE  
SUMMER OF 1853.

BY J. E. UPHAM, M.D., BOSTON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from Vol. LVIII., p. 474.]

SOME of the circumstances which influence the prevalence and severity of the fever have already been discussed. In different epidemics, the gravity of the disease, the complications which arise during its progress, and its sequelæ, vary. This has led to the belief, on the part of many most eminent authorities, that the form and type of the fever are modified. Sydenham says the type of fever is frequently changing, and that there is, for its treatment, no knowledge more desirable than an acquaintance with the epidemic constitution for the time being. The physicians of the London Fever Hospital say, in their report for 1851, that they have been attached to that institution sufficiently long to have witnessed several remarkable changes in the type of the fever; that anterior to the year 1830 (the first invasion of the Asiatic cholera having taken place in 1831), the cases in the hospital were, as a rule, of an inflammatory character, making bloodletting and the avoidance of stimulants absolutely indispensable. On the contrary, Dr. Jenner emphatically dissents from any such doctrine, and holds that the error arises from the existence, in certain epidemics, of other diseases (forming a preponderance of the cases) similar, in many of their symptoms, to typhus, but essentially different in nature. "I have no hesitation," he says, "from my own researches into the history of past epidemics of fever, in averring my confident belief that an explanation of the great difference observed by different historians in the progress, mortality, and lesion of fever—the difference of opinion entertained as to its communicability by observers of unquestionable honesty of purpose and soundness of judgment—the difference of opinion expressed as to the admissibility of particular modes of treatment—that an explanation, I say, of these differences is not to be sought in variations in a hypothetical epidemic constitution, but in the differences which exist in the essen-

tial nature of the four diseases commonly confounded under the term 'continued fever.'\*\*

The general character of the disease, wherever it has fallen under my observation in Great Britain, has certainly been that of adynamia—a tendency to exhaustion of the vital forces. And when the system has been previously subjected to disease or a long continuance of debilitating causes of whatever nature, if attacked by typhus, the added depression is correspondingly grave. The conservative influence of a good physical condition is strikingly illustrated in hospital experience. It is observed that the mortality among the domestic servants received into the wards from private families, is but little more than one half that of the usual classes of patients. The importance, too, of care and attention at an early stage of the disease, in mitigating the severity of its course, was abundantly demonstrated in my hospital observations.

So far as my experience and observation extend,† *no age is exempt* from the disease. I have frequently seen it in very young children and in persons of extreme old age. But prior to the period of puberty the attacks are certainly milder and more manageable.

The *influence of sex* seems unimportant. A classification of all the patients admitted into the London Fever Hospital with "continued fever" for several years, shows a considerable preponderance of males; but this is accounted for, in the Report of that Institution, on the ground that the patients are largely derived from the poor population of the country, who, in times of epidemic and general distress, resort to the metropolis in search of employment.‡

The *season* also would appear to exert no important bearing on the prevalence of typhus. An analysis of the hospital admissions, for a period of eight consecutive years, shows a remarkable deviation from anything like uniformity in the comparative number of patients for the corresponding months. Sometimes the cold, sometimes the warm are the favorite seasons; in one year the Spring, in another the Autumn, now January and now July.

The *duration* of typhus fever may be stated to be from fourteen to twenty-one days.§ More often, according to my own observa-

\* This touches on the question of the identity or non-identity of the affections commonly included under the term "continued fever" in Great Britain. So far as relates to typhus and typhoid, I have already distinctly stated my own belief (as the result of my observations in the epidemic in 1847-48 at Boston, and also in the winter and spring of 1852 in New York), that they are widely and essentially different in their nature—"differing (typhus) in all its essential points from the dothenenterite, which is endemic here, by as much as variola differs from scarlatina."—Vide *Boston Med. and Surg. Journal*, January and February, 1848, and *N. Y. Journal of Medicine*, 1852.

† Says Jenner, in no disease is the effect of previous habits of intemperance more clearly seen in causing *muscular tremors* than in typhus fever—a symptom of grave import so far as concerns the prognosis.

‡ For the years 1845-46-47 and 48, during the most of which time the fever was epidemic in some parts of Great Britain, the comparison is as follows:

In 1845, Males, 312; Females, 165. In 1846, Males, 273; Females, 233. In 1847, Males, 677; Females, 582. In 1848, Males, 667; Females, 594.

§ Dr. Jenner believes, as the result of his observations, that the disease *per se* never exceeds

tions, the fever will terminate in death or recovery at from the twelfth to the eighteenth day.\* There are many exceptions to this law. Dr. Corrigan has detailed the case of a man, who, though somewhat ailing, was sufficiently well to dine out on Wednesday, but died of typhus on the following Friday. I have seen the disease prove fatal as early as the fourth or fifth day. And I have often witnessed the approach of convalescence as early as the tenth or twelfth day, counting from the time of the sudden accession of rigors, headache, pains and depression, to the disappearance of the rash and subsidence of all the symptoms; such cases were invariably mild.

The *ratio of mortality* in typhus is a difficult matter accurately to determine, so much do the statistics, chronicled under this head, depend on conditions and circumstances. I have already said the accession and course of the disease are often severe in proportion to the previous exhaustion and debility of the patient, or his long-continued subjection to the usual predisposing causes of fever. Under such circumstances, the mortality is also proportionally great.† Moreover, a large proportion of the fatal cases which appear on hospital records, are those of patients brought in, in the last stages of the fever, and who die within a few days after their admission. An analysis of the Reports of the London Fever Hospital, from 1849 to 1853 inclusive, gives the following results, to wit:—in 1849 the rate of mortality was 7.75 per cent.; in 1850, 22.41; in 1851, 22.40; in 1852, 10.16; in 1853, 11.82‡—clearly showing that no reliable deductions can be made from the results of those years.§ My own observations agree with the recorded experience of others, that the mortality of typhus is largely increased after the middle period of life, while before the age of puberty it is but trifling. Pregnancy is found to exert no necessarily fatal influence.

twenty-one days in duration; that uncomplicated typhus may terminate the life of the patient at any period before the twenty-first day; that, after the twenty-first day, local lesions sufficient to account for death, are, as a rule, discernible.

\* I find, by reference to my notes taken at South Boston and Deer Island Hospitals, that, in the majority of fatal cases, death occurred between the eleventh and seventeenth days.

† In proof of this, Drs. Tweedie and Smith say, in their Report for 1852:—"During the last year 70 domestic servants from private families were admitted to the wards, of whom only 4 have died, being a mortality of 5.71 per cent. On the other hand, 89 destitute persons have been received, of whom 11 have died, being a mortality of 12.13 per cent.—a significant indication of the power of robust health in resisting an attack of fever." It should be stated, however, that these include also cases of typhoid and scarlet fevers.

‡ The largely-increased mortality in the years 1850 and 1851 is accounted for by the fact that an unusual number were admitted in the last stages of the disease.

§ It must be stated, in this connection, that prior to 1849, no distinction was made in these reports between typhus, typhoid and relapsing fevers, they being all classed under the head "continued fever." The change effected in this respect, on the Records of the London Fever Hospital, must be regarded as, in a great measure, due to the able and convincing investigations made in that establishment by Dr. Jenner, and published about this time in the medical journals of Edinburgh and London.



## GALVANISM FOR COUNTERACTING PAIN IN THE EXTRACTION OF TEETH.

[Read before the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

BY A. C. GARRATT, M.D.

I WISH to lay before this Society some practical results of my experience in the use of galvanism, particularly for allaying pain in the extraction of teeth. During the past few weeks, several of the dentists of this city have brought persons to my office for me to apply electricity from some of my batteries, while they extracted the teeth, and in some instances have also requested me to attend, at a given hour, at their respective offices for the same purpose. The whole number of patients that I have applied it to for this purpose is about twenty-six; the number of teeth operated upon, sixty-four. The first was a most interesting case—Mrs. W., the wife of one of our distinguished lawyers, a noble-appearing, but nervous lady, attended by her mother, and brought to my office by Dr. Dillingham. This lady had fourteen teeth more or less decayed, and much denuded of their gum by the long ravages of tartar or morbid secretions in the buccal cavity; each tooth exquisitely sensitive, even to the touch of an instrument, and all of which she greatly desired to have removed at once, for given reasons. The first tooth attempted was extracted with gentleness and care, and the electrical current was very feeble. The electricity was felt, and she evidently suffered pain, although she expressed a sensible relief, judging from her past experience in having her teeth extracted. I increased the current very considerably, and the next tooth came out with astonishing success; no sort of pain was experienced. She rather supposed the instrument had slipped off, and the tooth was yet in the jaw. This must have been the first successful operation in Boston. The remaining twelve were extracted with the same favorable result, invariably. The fangs of these teeth had that bloody appearance which indicates long inflammation of their periosteum and old ulcerations. I observed that as each tooth was about to be taken hold of, she was very particular to ascertain if the current of the battery was in actual contact and readiness. No prostration, nor even fatigue, followed the extraction of all these teeth, for they came out entire. So delighted was she with this process, that she offered to pay twice the fee asked, and her husband called a few days after to express his thanks for the great relief afforded to his wife. When catechised closely, to ascertain from her the precise sensation or suffering of the operation, she said she “*felt no sort of pain*, but quite a disagreeable sensation at the instant of grasping the tooth, yet no worse than it would have been to touch each tooth with the instrument in the ordinary way.” She had taken ether on former occasions, but preferred this very decidedly.

One young man, belonging to the Navy, said he was very sensi-

tive and nervous, and wanted a tooth extracted without either pain or going to sleep. But he said, "*it did hurt him very badly*"; he also vividly described feeling the tremulous sensation of the galvanic current. He never had had a permanent tooth extracted before.

Another unsuccessful case was a very intelligent young gentleman, of noble frame and fine form, but of delicate health, apparently of German extraction. He wished to have two teeth extracted in this way, because his teeth were so firmly set that they usually broke in extracting, and he was professionally advised not to inhale ether. His first tooth was taken hold of, and the current applied, but it fractured after a very severe and protracted tug at it by the dentist, leaving the roots solid in the jaw. He appeared to suffer, as he said he did, most intensely. The electricity gave no kind of relief, except from "the moment of the disagreeable application of the instrument" until the moment of fracture, which, however, was some seconds of time, and there was no pain, as he said, but at that instant of course the current was cut off, and the pain was awake again in all its fury, as it is wont to be on the occasion of such accidents. He went away much distressed.

Another very interesting case was a young lady who had come with her father some forty miles to get her teeth extracted by this process, as they had heard it was practised in Boston. The first tooth, an upper molar, was taken out with perfect success; but after washing the mouth with water, and no little talk, the next was operated upon, as we supposed all right, when to our surprise she screamed and almost fainted, from the pain of this second molar tooth. At once it was discovered by her father that there had been no contact of the galvanic current. The pad had fallen, unobserved by us, from the back of her neck outside of her dress into the operating chair, before the operation commenced. As soon as she was sufficiently recovered, she submitted again to the trial, and three more teeth were taken out without any sort of pain or disagreeable electrical sensation. She said it seemed "more like taking wooden pegs out of her jaws than like pulling teeth." This appeared to all present a fair test case. She said she should never forget the different sensations between having teeth extracted with and without the galvanism.

Two other cases were not very successful, from causes I need not here mention. But in the great majority of all these cases, there was expressed a great relief from anything like pain and a general satisfaction with the result. I should judge that about one-third of all who have been operated upon in this way persist in saying that "*there was no sort of pain whatever*," while others, perhaps as many more, affirm that there was no actual pain, but they felt a sensation, by no means agreeable, at the instant of applying the forceps. Others experienced also "a moderate degree of pain," but they say "by no means very bad, and quite bearable."



ble." More than twenty of these persons, when asked for a candid expression of their experience, said that this gave very decided relief in extracting teeth, and that they preferred to trust it again if ever needed. All of these persons had had teeth extracted before, and some of them had inhaled chloroform or ether on former occasions.

The box of teeth I place here on the table for examination, contains some 30 or 40 of those *actually extracted without pain by the aid of galvanism*. It is evident that such teeth ordinarily give great pain in extracting. The rationale I am not prepared to give. No known current or shock of electricity, or galvanism, however modified or applied, has been known to be instantaneously paralysing, or benumbing to pain under ordinary circumstances, without being also disorganizing more or less, and hence dangerous. We make use of no such current or shock. But a to-and-fro current from a Smec's Battery, with the strongest pole attached to the forceps; and contact made exactly at the instant that the instrument fastens upon the tooth, does succeed in taking away three-fourths of the awful pain experienced in having teeth extracted. To have uniformity of success, the electrical current must be gentle, and adjusted, as to intensity, for each case according to the experience of the operator; and this current must be insulated from the hand that holds the instrument, as well as from the lips and gums of the patient, so as to spend its exact quantity of force on the tooth only. It is certainly a nice operation to succeed, but I believe, when carefully and accurately performed, it will more generally succeed than in these cases I now report. If any one item in the process is not observed, the whole is a failure.

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#### EXTENSIVE SLOUGHING OF THE ABDOMINAL PARIETES, WITH EXPOSURE OF THE INTESTINES.

[Communicated for the Boston Medical and Surgical Journal.]

E. M., forty-three years of age; married, and the mother of five children. The first was born when she was at the age of 23, and the youngest at the age of 34 years. Of medium height, but of strong and athletic form; catamenia, except during gestation and lactation, always regular.

Her first four children were born by head presentations; her labors were easy and of short duration. The fifth and last child was a footling presentation, and of very large size. The labor, however, was not long, having commenced in the morning and terminated about 12, M. The child being born, the placenta was retained; this, the physician in attendance was compelled to deliver, and in the act employed considerable force in order to detach it from its connection with the uterus, causing severe pain, which was referred especially to a point beneath and below the left hypochond-



drium. During the succeeding two weeks, she continued to experience much pain in this region. She now discovered "a purple spot, of the size of a walnut," in or near the median line, and about three inches below the umbilicus. At this stage she became delirious, and so continued for a number of days (the precise time not remembered). The spot referred to gradually increased in size, till its area equalled that of an ordinary hat-crown. The skin, together with the several layers of muscles composing this portion of the walls of the abdomen, sloughed away, leaving the intestines beneath completely exposed.

When consciousness returned, the abdomen presented the same appearance as at the time of examination, which was 5 years subsequent, except that the abdominal fenestra thus formed had contracted to a considerable degree its dimensions. Its form corresponds to that of an irregular ellipse, the transverse diameter being about 4 inches, and at right angles to the median line, while its conjugate is about 3 inches. Convolutions of intestine close the opening thus described, and appear to have contracted adhesions both to each other and to the parietal peritoneum at the margin of the perforation, throughout its entire circumference, in such manner as to furnish a closed sac for the other abdominal viscera, yet not seriously interfering with the peristaltic action which can be clearly observed. This action at times causes a large mass of intestines with their contents to protrude to the extent of from 15 to 20 cubic inches, unless firm mechanical contrivances be adopted to prevent. The intestinal peritoneum, in consequence of exposure, and friction of compresses, has entirely lost its true serous appearances and texture; it is quite moist, and resembling that condition seen in granular conjunctivitis. Near the right extremity of the axis was seen a deep depression, which, upon farther exploration, was found to extend between the folds of the intestines and mesentery, and to terminate at a point near the spinal column.

Immediately upon the detachment of this extensive slough, the intestines were discovered to be perforated at three different points, one near either extremity of the transverse axis, and the third near the centre of the hernial mass. These still remain open, hitherto resisting the efforts of nature to close them, the interposition of art never having been invoked.

Their size was not definitely determined, they not being evident upon the surface presenting, but in the sulci between convolutions of the intestines, and only relatively ascertained from the varying amount of fæces finding exit therefrom. Through these fistulæ more than twice the quantity of fæces escapes as per anum; evacuation takes place naturally by the latter once in two or three days. Cathartics taken into the stomach produce kindly their well-established effects, stimulating peristaltic action, and occasioning discharges through these orifices as well as per anum, but in the proportions before stated. She attempts a degree of cleanliness, but

with very imperfect success, by wearing a compress of cotton cloth over the perforation, and over it a swathe carried around the body. Still her presence, in consequence of the disagreeable faecal odor emitted, is quite offensive to those near her, and scarcely less so to herself.

This grave infirmity disqualifies her from engaging in many occupations in which others more fortunate easily obtain their livelihood. This for the most part she gains by washing and other kindred laborious service. With this deplorable exception, she is perfectly healthy, every organ performing well its appropriate function. Being without a home, and destitute of the means to secure one, no relief was attempted. This was, however, suggested, and would have been undertaken had she been more favorably situated.

In justice to myself it ought to be stated that these notes were committed to writing some months subsequent to the time of examination, which at best was made hastily, late in the afternoon, and in a room very imperfectly lighted; I then expected to make another more carefully and completely in a few days, but this privilege I have never been permitted to enjoy. Some important features in the case have in consequence been omitted, and others perhaps in some slight degree misstated. I have used every means, by correspondence, to ascertain her present residence, but without success, that I might now, after the lapse of five years, complete that which I had before neglected, or at least have the opportunity of verifying the above statements.

*Boston, July, 1858.*

WILLIAM DICKINSON.

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#### REMOVAL OF THE FLUID OF ANASARCA AND ASCITES BY PUNCTURES IN THE LOWER EXTREMITIES.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the number of this JOURNAL for April 8th, of the present year, I gave the particulars of a case, which, though perfectly satisfactory as to the advantage and propriety of this operation, necessarily ended fatally a few days after the report was forwarded. The following case, still more interesting, occurred in a man under treatment, in Ward 32 of the Charity Hospital, for consumption; a well-marked case, presenting all of the physical signs, and too well known general symptoms of the disease in its apparently most hopeless form. After this patient had been under treatment for upward of two months, without having evinced the least appearance of a dropsical tendency, he began to complain of swelling of his feet, which, upon examination, were found very sensibly to pit, on pressure being made. This swelling gradually and

steadily continued to increase, until, finally, the feet, legs, thighs and abdomen became quite large, the abdomen the least so, and not to the extent noticed in the first case. The patient being unable to put on his shoes or stockings, or button his pantaloons, which previously had been much too large, I suggested the advantage possibly to be gained, in order to procure some comfort, by making a few punctures in the feet and legs, to which he at once assented. With a thumb lancet, I made about a dozen punctures in each foot and leg at that time. At my visit the next morning, I found that the water had continued to discharge, drop by drop, all the time, and was then trickling down the limbs, from several of the punctures. In order to accomplish my object more effectually, I decided upon having the punctures made before bedtime, so that he might keep his feet in a lukewarm bath, for fifteen or more minutes, during which time the feet and legs might be gently rubbed, to facilitate the escape of the fluid. Nightly, for some days, were the punctures, bath and friction regularly resorted to, and with such success, that in the course of about three weeks from the first punctures, there was not a drop of fluid to be discovered in the abdomen, thighs or legs, and but a small quantity in the front of the feet, from which, from the position of the punctures, the fluid could not escape. Even this, however, was eventually removed. It is worthy of remark, that although quite a number of punctures in the aggregate was made, at no time was there the least sign of irritation or inflammation perceived. It is now more than four weeks since the dropsical effusion has been removed. There has not been the slightest sign of its re-appearance, the patient eats and digests well the best diet the house can give, he sleeps serenely all night, walks about all day, continues his tonics regularly, and, as he says, he is only waiting for a little more strength, to allow him once more to resume his usual business. It is proper to state that for several weeks he has neither coughed nor expectorated a particle. If this is not a perfect cure of a confirmed case of consumption, I should like to know what it would be called. At a future day I hope to report a summary of the treatment, and particulars of the symptoms. To my mind it does appear more than possible, that in cases of anasarca, and ascites, whether depending upon consumption, or other diseases, this plan of proceeding might be more frequently acted upon, in some cases as a curative agent, and in others, where we have neither right nor reason to expect a cure, not even from the acknowledged all-powerful aid of nature, as a simple palliative to soothe the many or few remaining days.

*New Orleans, July, 1858.*



# CHANCERE ON THE FINGER OF A DENTIST, SUPPOSED TO BE COMMUNICATED FROM THE MOUTH OF A PATIENT.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the 20th of August, 1857, I noticed just above the nail, on the middle finger of the left hand, an oblong, red spot, about the size of a three cent piece. To protect it, I covered it with court plaster. In about a week a vesicle formed, which soon broke, discharged slightly, and was followed by an ulcer about the size of the original red spot. About September 3d, I consulted Dr. A. It was then an indolent ulcer, giving no pain, and he thought it was perhaps derived from a foul tooth in operating. *Treatment*, application of nitrate of silver, and compression.

Sept. 8th, ulcer rather worse. There was swelling of a gland in the upper part of the arm, but below the axilla. Consulted Dr. B. The ulcer was then too much irritated to enable him to decide as to its character. *Treatment*, poulticing.

Sept. 12th, another gland just above the elbow became inflamed. The skin over both glands was red and hot, motion of the elbow impeded, ulcer a little extended on one side, and down to the nail. Continue poultices, and take Blancard's pills (iodide of iron) three times a day.

Sept. 26th, Dr. B. being out of town, I consulted Dr. C., who called on Dr. D. to look at it. Dr. D. said it looked like a chancre. Both agreed in a fear that it was malignant. They advised black wash, and doubling the dose of the iodide. Being troubled by this, I consulted Dr. E., who said it was not malignant, but probably like a dissecting-room sore. He advised black wash, and attention to general health.

Sept. 30th, I visited Dr. B. again. He was much dissatisfied with the appearance of the sore, and cauterized it with the acid nitrate of mercury. The application produced extreme pain for about two hours, and at intervals for some hours longer. A dry eschar was produced, from beneath which escaped, on the third or fourth day, a drop of pus. This was the first genuine pus which the sore had produced.

Oct. 14th, eschar separating at the edge. Dr. B. advised a journey and exercise in the open air, as the general health was now much affected.

Oct. 21st, finger somewhat irritable. Eschar loosening. Visited Dr. F., who said that the finger was poisoned, probably by syphilis, as a papular eruption was just appearing. He recommended corrosive sublimate in doses of one-sixteenth of a grain, three times a day, combined with tonics, and good, but plain diet. He sent me to Dr. G., who coincided with him. 23d, eruption fully developed. *Diagnosis*. Indurated chancre on the finger, papular eruption, of fully marked syphilitic character. It is useless to pur-

sue the case farther, except to say that the progress has fully verified the diagnosis.

My object in giving this account, and in this form, is to call the attention of dentists (and their physicians) to the fact that in the practice of their art they may meet with a similar misfortune, and that its character may not easily be perceived by the most skilful surgeons. In New York, I was assured by Dr. F. (who is a professor, and a very distinguished surgeon), that chancres in the mouth are by no means rare, and perhaps a search would prove them about as plenty in Boston. Should the finger come in contact with such a sore, a hang-nail would give abundant entrance to the poison.

It is almost twenty years since I have practised medicine, and to medical men I do not feel competent to make further comments on the case.

#### AN ACEPHALOUS FŒTUS.

[Communicated for the Boston Medical and Surgical Journal.]

EARLY on the morning of the 24th inst., I was summoned to visit a young woman, about 18 years of age, residing in an adjoining town, some five miles distant.

On my arrival, I was informed that she was suffering from "cramp in the stomach," to which she had been subject for several years; that about six months previously she had a severe course of typhoid fever, and that since that time she had not menstruated. I was also informed that she had been married nearly three months.

Immediately after entering her room I discovered that she was in labor. On making an examination, I found within the uterine orifice a fœtus, apparently of about four months, which was expelled in the course of half an hour, and which appeared to be in a perfectly natural and healthy condition, except that it was *acephalous*.

On making a further examination, I discovered the *head of another* fœtus, of about *six months*, presenting, which was also expelled in the course of an hour, and which was found to be attached to a separate placenta, and lived several hours after birth.

Milford, Ct., July 27th, 1858.

L. N. BEARDSLEY.

#### IMPACTED RECTUM FROM EATING PINE CHIPS.

[Communicated for the Boston Medical and Surgical Journal.]

THE case of impacted rectum reported in the JOURNAL for July 22, reminds me of a somewhat similar case which occurred in my practice some ten months ago.

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A boy, eight years of age, had been complaining for several days of what his parents considered to be dysentery. There were frequent discharges of a watery fluid, tinged with red, of a most offensive smell, and attended with great suffering. Not obtaining relief from such remedies as were at hand, and the mother noticing that some unusual substance occasionally passed, I was sent for in the night. I found a solid mass impacted in the rectum, as high up as the tip of the finger could reach. The patient was making strong efforts to relieve himself, which only increased the distension, and to such a degree that the sphincter remained open, enabling me, by the aid of a candle, to see the obstruction. The parts were so much irritated that the slightest touch produced excruciating suffering. By gentle manipulation, however, portions of the substance were slowly picked away, there being, at the same time, a slight movement downward through the involuntary efforts of the patient, as the bulk diminished. I removed, I think, a teacupful of what proved to be pitch pine chips, angular, and with sharp edges, of the size of a pea, made by a large circular saw at a neighboring mill. Having removed all that could be reached, an injection was given, followed by a dose of oil, after which I left the patient, as the urgent symptoms had subsided. When the laxatives operated, large quantities of the same substance passed away, in several successive movements of the bowels. The father estimated the amount to be a quart, but this must of course be an exaggeration. After the character of the mass was ascertained, it was recollected that the child had had, for a long time, a craving for this particular article of diet, and had eaten large quantities of it. No evils results followed, and he was well in a few days.

*Hadley, Ms., July, 1858.*

F. BONNEY.

### **Reports of Medical Societies.**

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JULY 26th.—*Abdominal Tumors.* Case reported by Dr. G. H. GAY.

Mrs. R., æt. 46, had generally enjoyed good health till three years ago, when she felt at times a lump in the left ovarian region, more or less movable, and attended with a dull aching sensation rather than a sharp pain. It seemed to be limited to that spot, and the uneasiness was such that she could not lie on that side. She was about six months pregnant when she first discovered it. As pregnancy advanced, the lump was pressed between the left ilium and lower rib, and became less and less movable, upward and downward only and over a small extent of surface. This motion, such as it was, was very decided. The "lump" could not be moved toward the umbilicus. At the time of confinement, she was much larger than ever before. Almost immediately after the confinement, the "lump" or tumor moved toward the median line, and for twenty-four hours was very painful. The pain then gradually ceased. The abdomen never fell down to the



size it was previous to pregnancy. When she began to go about the house, she was much larger in lower abdomen than natural, and equally so on both sides. She could no longer feel the "lump," and thought no more about it. She did not know how to explain her enlarged size. No perceptible or great increase, enough to attract attention, was observed afterward till last January, when, without any known reason, there was a more oppressive feeling of weight in the lower part of the abdomen, attended with some tenderness on pressure, a decided loss of strength and energy, and with a much greater general fulness of the abdomen. There was nothing like pain present. These symptoms increased rapidly, and in March she sent for her family physician, who at once found the indications of fluid in the abdominal cavity very evident. She was then submitted to a course of medical treatment, without, however, producing any material or permanent diminution of her size.

There was no symptom bearing upon any organic disease of the heart, liver, or the kidneys. Everything seemed to be directed to this "lump," and the diagnosis rested between ascites and ovarian disease.

By the patient's report, the greatest amount of suffering was during the ten days previous to the first tapping on June 6th, from dyspnoea, some tenderness on the right side below the liver, accumulation of wind, and a sensation, when she attempted to raise herself up, as if something was giving way at the epigastric region.

During the course of the abdominal enlargement, the bowels and catamenia had been generally regular. Last winter, the catamenia, as to the time of appearance and quantity, were variable, and attended with much pain in the back, nervousness and restlessness.

Suddenly, in March last, without any known reason for the aggravation of the symptoms, she was confined to her bed, and continued more or less of the time in the horizontal position, till the first tapping on June 6th.

Nearly every day, from the last week of March till the first tapping, there was nausea and the vomiting of a greenish fluid in a small quantity, and usually in the after part of the day. There had been no nausea nor vomiting since the first tapping.

In March, the urine was scanty and of the color of coffee. There was never any pain nor difficulty in passing it. At no time could any albumen be detected in it. This color began to change after the tapping of June 6th, and since the second tapping on June 23d, it had been natural. At no time had there been much pain or tenderness on pressure. When pain was present, it was mostly produced by wind.

She had had much uneasiness from the accumulation of wind, which at times had brought on great dyspnoea, with headache.

Generally, she slept pretty well, and was always more comfortable in the horizontal position. At times, she tried to get up and walk, and found that there was less uneasiness and distress while walking than sitting. Never at any time was there a permanent swelling of any part of the lower extremities.

Considerable general emaciation of the body had followed since March.

At the first examination on June 6th, the day of the first tapping, in consultation with Drs. Dupee and Channing, the abdomen was found very regularly enlarged and prominent, tense, fluctuating throughout,

except in the region of the arch of the colon, elastic, and without any feeling of hardness as from a solid mass at any point. The uterine sound had been previously introduced by Dr. C., and the uterine cavity was found to be normal. She was tapped, lying upon her right side at the edge of the bed. Upward of three gallons of a dark, prune-juice colored fluid, were drawn off. The first half of the fluid was thin and not viscid, the last half much thicker and firmer. On placing her upon her back, some small tumors of different sizes were distinctly felt—some above, some below the umbilicus, hard and freely movable. Nothing like the walls of a sac could be detected. The presence of these tumors, supposing that they might be connected with an ovarian sac, excluded, of course, any attempt for a radical cure by the injection of iodine or the leaving in of the canula. For the next five or six days there was no perceptible re-accumulation of fluid; immediately afterward there were signs of fluid, which increased so rapidly that she was tapped a second time on the 23d June. This time the patient sat on the edge of the bed, and as the fluid escaped, the tumors could be seen and felt, falling downward below the umbilicus. The amount of fluid drawn off, was a little less than three gallons, claret-colored, as if from admixture of blood, thin, and without coagula or any viscosity. When examined, the fluid contained a large amount of blood and albumen. It was supposed that the trochar might have touched one of the tumors and given rise to the hæmorrhage. The tumors were then examined carefully. At least five were detected—hard, perfectly movable, some above and some below the umbilicus, of different sizes, the largest as large as one's fist, and situated midway between the umbilicus and the os pubis, and a little to the left of the median line. All these tumors slipped about easily and freely, and appeared to have a common connecting medium. From the antecedents in the case, there was a strong presumption that these tumors might be growths projecting inward or outward in an ovarian cyst, and if connected with a cyst, the extensive mobility and falling downward of the tumors below the umbilicus indicated an absence of any troublesome adhesions. Still, no cyst could be felt by the fingers externally, nor by a bougie passed through the canula. This circumstance, in connection with the character of the fluid, which at neither time presented the usual peculiarities of an ovarian secretion, gave rise to doubts as to the precise nature and locality of the affection.

No apparent constitutional disturbance followed the operation. In two or three days, she was up walking about her chamber, and being a person of uncommon firmness and resolution, she said the tumors must be cut out, after fully realizing the seriousness and dangers of the operation. She and her husband said that she would soon sink from the distress consequent upon the re-accumulation of fluid; that they could clearly see that the secretion of fluid would not stop as long as the tumors remained, and that they had fully made up their minds to rest on the hope, slight as it might be, of a successful issue to the operation.

As the abdomen was becoming more distended, the fluctuating surface was daily increasing, and the accumulation of wind causing uneasiness and pain, it was finally decided, with the concurrence of Drs. Channing and Dupree, to attempt an operation. The day before the operation, there was a free evacuation of fecal matter and wind after the administration of inspissated ox gall (gr. xii.). As there was



doubt and obscurity in the diagnosis, it was by all means thought the most advisable to make an exploration first, being fully prepared to extend the operation and remove the tumors and sac, if a sac was present and under favorable circumstances. On the morning of July 6th, the patient being in an excellent condition of body and mind (in the presence of Drs. Channing, Dupee and Read), a short incision was made in the skin, commencing just below the umbilicus. The parts were then dissected with care till the peritoneum was brought into view. This being divided, two gallons or more of a thin, yellow, serum-looking fluid came away. The abdominal swelling entirely subsided, without any ovarian cyst being discovered. The incision in the peritoneum was then made about two inches long, in order to see where and to what the tumors were attached. The peritoneum was found of a bright-scarlet redness, and dotted as far as could be seen with red points of the size of the head of a pin. On introducing two fingers into the abdominal cavity in search after the tumors, a small, smooth, roundish mass was brought out of the wound, and found to have a very small, twine-like pedicle. This was removed, and one of the larger tumors was brought up to the opening, and found, with those remaining, to be firmly connected with the *omentum*. It was not thought prudent to remove any of them, and the wound was brought together and secured by a stitch and sticking plaster. They were smooth, of a scirrhus hardness, and firmly fixed in the omentum. The mass that was removed, was evidently a decolorized coagulum. No constitutional disturbance followed this exploratory operation, and the pulse never went above ninety. The wound healed by the first intention, without any soreness or pain. At no time was there any indication of peritonitis. In a few days she took iodide of potassium, and had tincture of iodine applied externally. She also took calomel, digitalis and squills in the hope of increasing the renal secretion. The urine very sensibly increased in quantity, amounting to a quart in twenty-four hours, with a decided diminution in the deposit, and a return to its natural color. For several days there was a manifest improvement in the general health. The only suffering was from an accumulation of wind, which was partially relieved by assafœtida and spearmint tea injections. On the 19th of July she was again tapped, and five pints of a straw-colored fluid was drawn off. The tumors seemed, if anything, somewhat smaller. She was up and dressed, the morning after the last tapping, and has gone on comparatively well to this date.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 12, 1858.

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### MEDICAL BOOKS AND STUDIES.

NONE of Solomon's sayings have been more strikingly verified, than the one which declares that "of making many books there is no end." The concluding clause of the text will doubtless find many experienced witnesses to its truth—for who does not know that "much study is a weariness of the flesh"?



If the wise man could declare that there was no end to book-making in his day, what would he say of the state of the art were he permitted to proverbialize in the present century? The vast repositories of books which have long existed and are daily being augmented by gifts and purchases—together with neophytic libraries, springing up as if by enchantment, in nearly every quarter of our land, it would seem, might fairly deluge us with reading-matter. Yet the myriad presses cease not their labors—nor will they, so long as the teeming human brain shall be found upon our planet.

It was, and still is, an excellent maxim, “*multum legete, non multa.*” We have quoted this, before, in our pages, but it will bear repetition; and also may be thought and acted upon, to advantage. To medical studies and reading, we believe it to be singularly applicable. Increasing as the range of topics is which ought to engage the minds of the faithful student and the careful practitioner of our art, it is not only well, but it has become a necessity, for them to *select* their authors. With students, their teachers are the authority; for practitioners, taste and peculiar bias often become a guide, and the particular exigencies of each one’s practice, make him “a law unto himself.” One thing may here be alluded to, which the experience of practical men soon teaches them, but which students will do well to remember, and shape their course accordingly. A practitioner no sooner begins to be at all actively engaged in the duties of his profession, than his time is so infringed upon, and “cut up” into small portions, that the ability for systematic study and reading is lost to him, probably for life. He is fortunate if able to keep up with modern improvements; to consult acknowledged authorities, in his difficult cases; to keep alive the memory of essential knowledge. If he has not laid a good and broad foundation of professional information *whilst a student and a young physician*, so much the worse for him—and his patients! Members of our profession somewhat advanced in its cares and responsibilities, often get interested in new discoveries, and think they will become personally proficient in modern manipulations—such as the management of the microscope, for instance—or, being suddenly impressed with the medical treasures locked up from them in certain unknown tongues, they resolve that they will gradually master such languages and revel in the resulting spoils. These resolutions are rarely carried out—not because the will or spirit is wanting, but that the time and opportunity are so. Let those in student-life, or that large expectant army whose ears are attent for the sound of the door-bell, and furious for cases, remember what golden opportunities their leisure gives them for becoming accomplished in the literature of the difficult profession they intend to follow. Whilst the practical details thereof ought to be made as familiar to them as “household words,” and every opportunity sought to see, hear, and handle for themselves, let them not merely recite their prescribed tasks, or dawdle over a book in their new and neatly-furnished “offices,” but let them really *study* such of the old works as must benefit them, and make themselves masters of every modern discovery they can.

Such is at present the rapidity with which new facts are added to medical science, and the zeal with which theories are examined and propositions sifted, that books, journals and pamphlets nearly overwhelm us. In a short time, works of real value run into new editions, and those which are only of moderate worth, or worse, are *pushed in-*



to them. This latter fact leads us to notice a point of much importance—especially to those with short and ill-supplied purses. All who feel a genuine interest in our art, are naturally anxious to be supplied with the newest information—and not only such as is scattered over the pages of reviews and similar periodicals, but whatever, having been before the medical public in a more solid and available form, may from time to time be re-presented, “with notes and additions,” “thoroughly revised,” “entirely re-written,” &c. &c. Now there ought to be a fair understanding about this matter—generally, we doubt not, all the above-quoted epithets are true, and accurately describe the state of the volumes in question. How flat and unsatisfactory do our “old editions” then become! We are restless until we get the new, fresh and far more portly representative. There are many cases, we fear, where the money might as well, or better, have been saved, or elsewhere applied. Students and the great majority of practitioners cannot afford to be extravagant in purchasing books. There are certain works, however, which they must have, and others by owning which they would be great gainers—they should never be imposed upon, nor should they purchase unadvisedly.

There is a work which occurs to us at this moment, the success of which has been very great, and most deservedly so; yet it is one whose size renders it costly, and the frequency of the editions entails no inconsiderable outlay upon those who desire, as most practitioners do, to have the latest advices upon the topics of which it treats. We refer to the United States Dispensatory. The last edition, just issued, contains, we understand, about one hundred additional, or, at least, new pages. At this rate of progression—and of course the authors add only what they conscientiously deem imperatively necessary—we shall soon see *two* volumes instead of the huge *one*, which now occupies a place, we conclude, upon every physician’s book-shelves and in every druggist’s shop throughout the land. Much as we value this learned work, and fully as we appreciate the untiring labors of its compilers, we must say it is getting very clumsy to handle; and the gradual narrowing of the margins of its leaves in the *compressing* process to which it is subjected at every new birth, deforms its appearance very decidedly. May we not suggest that the matter which it is hereafter found necessary to add to the last edition, and to successive editions, may be conveniently afforded us in the form of an appendix, *separately issued*, bound cheaply in paper covers, so that, after a time, several such issues may be more securely bound and constitute a volume of convenient size for reference? Thus we avoid the so frequent handling of an unwieldy book, and, moreover, are not compelled to pay the full price of the entire volume over again, whenever we wish to see the additions now so rapidly made. It seems to us that something of this sort will soon be forced upon the publishers.

Lest it should be thought that, as to book-making, so to this article, there is “no end,” we sever the cable of our ideas at this point—just as it is announced that the Atlantic Telegraph Cable “is successfully laid.” We wish for its projectors, managers and stockholders, no less than for bookmakers and booksellers, “a good time generally!”

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#### CASE OF JAMES MAGEE.

THE report of the *post-mortem* appearances in the case of James Magee, who was executed in this city on the 25th June, having been

copied into several daily papers, has given rise to the erroneous notion that the criminal was still living at the time of the autopsy. The idea probably arose from the fact that the right auricle of the heart contracted after the thorax was opened, although the sounds could not be perceived by auscultation, before the autopsy was made. That this phenomenon, however, was not caused by any remaining vitality in the system, is evident from the simple fact that the pulsations continued after the spinal cord was divided, showing that this phenomenon was owing to the inherent irritability of the muscular structure of the heart, which still responded to stimuli, as is well known to be the case for a considerable length of time after death, and which is often witnessed in cases where the autopsy is made soon after death. Opportunities are not very frequent for observing this in the human subject, since it is customary to wait many hours after death before making an examination; but any one may see it in animals who have been recently killed. We once had occasion to make an autopsy soon after the death of a patient, and found so much irritability remaining in the heart that it would contract powerfully, when pricked with the scalpel, for a considerable length of time after it had been removed from the body. Contractions of the voluntary muscles, sometimes to a remarkable degree, are also witnessed in the bodies of those who have died of cholera, especially, when the limbs are smartly struck. In many cases, however, these movements take place spontaneously, and sometimes to a remarkable extent, so that all the limbs are in motion, and continue so far the space of half an hour. The same thing is witnessed in patients who have died from yellow fever.

In addition to the well-known instances of the persistence of muscular irritability not only after life was extinct, but after the removal of muscles from the body, Bernard, in his late work, "*Sur la physiologie et la pathologie du Système Nerveux*," furnishes us with facts which prove that contractility is a property belonging to muscular fibres as such, independent of the nervous or any other system. Having first shown conclusively by experiment that the poison "*curare*" destroys the power of the motor nerve, he establishes the fact that portions of muscle, taken from animals destroyed by that poison, will contract with as much energy, when the proper stimuli are used, as under ordinary circumstances. He afterward states distinctly that "the independence of muscular contractility is a fact well established experimentally," and adds, after further researches, "that the contractile property of the *involuntary* muscles does not differ from that of the muscles under the influence of the will."

In allusion to the statement that the criminal was alive when dissected, as circulated by various newspapers, the *Boston Traveller* of the 2d inst., in the course of a long article on the subject, remarks as follows:—

"The professional report, however, gives no color for such a statement. On the contrary, it states expressly that when he was cut down all signs of life were absent. The fact that automatic motions of the *right auricle* of the heart, for they were confined to that, continued for some hours afterward, goes for nothing, because it will be observed that they were not interrupted by a division of the spinal marrow itself. No one will pretend that a man could be alive after he was beheaded, unless it is supposable that Magee was St. Francis. The supposition that he might 'possibly have been resuscitated immediately after he was lowered from the scaffold,' was predicated simply upon the fact that there was no apparent injury to the structure of any important organ, and that he was in precisely the condition of a drowned or asphyxiated person."



In the report of the proceedings of the Society for Medical Improvement (see this JOURNAL for July 15th), it is stated that Dr. CLARK expressed the opinion that resuscitation might possibly have been accomplished, if efforts to that end had been made immediately upon the lowering of the body from the scaffold. Nothing was said which would lead one to suppose that Dr. Clark believed such a result to be *probable*, even on the conditions named; but, in fact, the rope was not loosened from the neck until fifteen minutes after the corpse was taken down, nor was the autopsy begun until thirty-five minutes afterward. We believe that under the circumstances it would have been as impossible to resuscitate Magee, after he was removed to the House of Reception, as it would be to restore to life a patient dead of cholera, who exhibited the phenomena of muscular contraction.

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THE BOSTON COURIER AND THE CORONERS.

THE *Boston Courier* of Tuesday, the 10th inst., commends certain statements of facts to the attention of the editors of the "Medical Journal." The *Courier* probably mistook a communication of a correspondent, vindicating the character of Dr. AINSWORTH from a grossly-unjust and uncalled-for attack in the columns of that newspaper, for an editorial article of the JOURNAL. We have no concern with the abuses of the present method of conducting inquests; the subject is a political and not a scientific one, but if we were disposed to make any allusion to the subject, we should not refer to the *Courier's* articles on this subject, which are so entirely destitute of all that should characterize a respectable newspaper that they need no reply. Neither the character of Dr. Ainsworth nor of any one else will suffer from such attacks as those in the *Courier*.

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*Boylston Prizes.*—The Boylston Prize Committee have awarded to Dr. DANIEL D. SLADE, of this city, a prize of \$120, for the best essay on the subject, "Spermatorrhœa; its causes, consequences and treatment"; and to Dr. J. C. WHITE, also of Boston, a prize of equal value for the best essay on "Human Parasites, Animal and Vegetable; their Anatomy, Development, Natural History and Treatment." The subjects for the prizes for the following year will be found in our advertising columns.

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*Medical Journal of North Carolina.*—We have received the first number of a new journal bearing the above title, edited by Dr. EDWARD WARREN, of Edenton, N. C. It is issued bi-monthly, at \$3 per annum. This is the first medical periodical ever issued in North Carolina. Judging from the character of the first number, both in respect to its contents and its typographical execution, we think it will fulfil the hopes of its editor, will prove a means of propagating a spirit of vigorous research and analysis throughout the ranks of the profession, and become a nucleus for the formation of a home literature, and a bond of union and fellowship between medical brethren. We cordially wish it success.

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PROF. DANIEL F. WRIGHT, the former able Professor of Physiology and Pathology in the Memphis Medical College, has been elected to the same chair in the Shelby Medical College. Prof. W. is also editor of the *Memphis Medical Recorder*.

*City Mortality Report of Providence, R. I.*—By the City Registrar's Report for the month of July just past, we learn that Providence was, during that period, remarkably exempt from the diseases usually prevalent in the season of midsummer. August, however, may present a different register. In this city, as nearly everywhere, we believe, this is apt to be the case. The freer use of fruit, and that not always ripe, or otherwise in good condition, at this season, doubtless has a marked influence. Toward the latter end of August, also, the evenings become perceptibly damper, and persons readily become chilled, after the heat of mid-day, without being aware of their danger. Great caution should be exercised on these and many other grounds. The statistics relative to the health of Providence during the month of July this year, and for several past years, are worthy of notice; there has been a gradual decrease, and this year a very extraordinary one. We extract the following statement from the Report sent to us, and which is drawn up by Dr. EDWIN M. SNOW, City Registrar.

"In the month of July, the city was almost free from the summer complaints which usually destroy large numbers of children at this season.

"There were only *eight* deaths in the city, during the whole month, from cholera infantum, cholera morbus, diarrhoea and dysentery inclusive. The number of deaths in the city, in the month of July, from these four diseases, has been as follows: In July, 1855, 29 deaths; in July, 1856, 17 deaths; in July, 1857, 21 deaths; in July, 1858, 8 deaths."

*Vermont Medical Society.*—The Semi-Annual Meeting of the Vermont Medical Society was held in the Court Room, at Rutland, June 30th and July 1st, 1858—the President, Dr. STEVENS, of St. Albans, presiding. Nineteen new members were admitted. Many interesting cases were read by members, and reports presented. Dr. Perkins read, by appointment, an able and instructive biographical sketch of Dr. Silas Bowen, late of Clarendon. The deaths of several other members of the Society were announced, and gentlemen appointed to prepare biographical sketches for the next annual meeting. On motion of Dr. Cushman, it was voted to dispense with the annual dinner, and devote the money thus saved to printing the minutes of the Society.

*The Medical Society of Chautauque County, N. Y.*, at a late meeting, in addition to other attractions, had a "capital" dinner served up, which was attended by members of other professions as well as the medical, and a right cheerful and entertaining time seems to have been enjoyed. A public address was delivered in the evening by Dr. HAZELTINE, which, says the *Jamestown Journal*, "was an effort that no short mention of this sort can characterize. It was a noble tribute to true science, and a withering, scornful, comprehensive portrait of quackery and pretence, in all forms and degrees, and among whatever doctors found. The profession has gone after gain, policy, and forgotten self-devotion to an exalted profession. The shapes of imposture were sketched variedly and with a terrible satire."

*Health of the City.*—Notwithstanding the cool weather, there were more than three times as many deaths from cholera infantum during the last week as in the preceding one; with this exception there appears to be no peculiarly fatal disease prevalent at present. We notice 2 deaths from yellow fever, at quarantine. There is a striking similarity between the mortality of the past week and that of the corresponding one of 1857, during which the total number of deaths was 73—17 from consumption, 1 from pneumonia, 15 from cholera infantum, 1 from diarrhoea, 2 from dysentery, and 2 from typhoid fever.

DIED,—At Greenfield, N. H., 26th ult., Dr. F. W. Cragin, late U. S. Consul at Paramaribo, S. A.

*Deaths in Boston* for the week ending Saturday noon, August 7th, 78. Males, 48—Females, 30.—Accident, 2—apoplexy, 1—inflammation of the brain, 1—burns, 1—consumption, 15—convulsions, 3—cholera infantum, 13—dysentery, 2—diarrhoea, 2—dropsy, 1—dropsy in the head, 5—drowned, 1—debility, 1—infantile diseases, 3—puerperal, 2—typhoid fever, 3—yellow fever, 2—gangrene, 1—homicide, 1—teasing of the heart, 1—inflammation of the lungs, 2—marasmus, 3—palsy, 4—pleurisy, 1—quinsy, 1—disease, 3—tetanus, 1—unknown, 1—whooping cough, 1.

Under 5 years, 39—between 5 and 20 years, 4—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 4. Born in the United States, 53—Ireland, 18—other places, 7.



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ANÆSTHESIA BY ETHER AND CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

THE published *Transactions of the Medical Society of the State of New York* for 1858 contain an interesting paper upon "Anæsthesia," by Dr. Peter Van Buren, in which that gentleman gives decided preference to chloroform over sulphuric ether as an anæsthetic agent, "as possessing in a far higher degree than ether those properties which render it a pleasant, reliable, and, if judiciously used, safe anæsthetic."—P. 59. It is somewhat difficult to reconcile the assertion that "chloroform possesses, in a far *higher* degree than ether, the properties which render it a *safe* anæsthetic," with the previous statement, p. 57, viz.: "Fewer accidents, it is claimed, have followed the use of ether than [of] chloroform. As a statistical fact, this may *not* be controverted." There are, however, some further remarks with regard to ether more worthy of notice, and which ought hardly to pass without comment. Thus, p. 58, speaking of chloroform, "In the hands of rash and inexperienced physicians we should expect more untoward results from its use, than from the use of a comparatively inert\* substance." If any article has sufficient strength to accomplish the purpose for which it is used, it is strong enough for that purpose. For battering down a strong-walled fortress, a Minié rifle may be considered "inert" compared to a Paixhan gun; but, for bringing down a deer on the jump, a sportsman would consider it the preferable arm of the two. So with regard to sulphuric ether. It has not the fatal power of chloroform; the patient under its influence does not pass, almost instantaneously, from a state of safety into one where all human efforts for his restoration are, too often, unavailing; but pure sulphuric ether administered upon a bell-shaped sponge, by a person at all competent to give it, will do all that can be asked of an anæsthetic. It will *always* produce entire insensibility to pain, and that without endangering the patient's life. This may appear to some persons at a distance to be too bold an assertion, but the

\* Inert—dull; sluggish; motionless. [*Iners. Lat.*] JOHNSON. It is probably used here for weak, or powerless.

writer, as very many others in this city and vicinity have done, has seen it tried, from the time of the first really successful surgical operation performed under its influence, to the present; has seen it given to persons of all ages, from three score years and ten to the infant in arms; has known it to prevent patients from feeling the pain caused by the severest surgical operations, by setting fractured limbs and reducing dislocations, by neuralgia, by bilious colic, and, above all, by parturition. An article that has been known to do this again and again, for a period of twelve years, and never known to fail, when properly administered, can hardly be justly called "inert." Some persons, no doubt, require a very much larger amount of ether to bring them under its influence than others, but the effect will *always* be produced if the administration is only persevered in.

Again, p. 58, "After all, fatal consequences have followed from the use of both these compounds. In 1854, the number of deaths reported as resulting from the employment of chloroform, were computed at about fifty." P. 59: "With ether it is almost indispensable, in order to secure success, to employ an inhaler; whereas with chloroform, a small piece of sponge or handkerchief, on which to sprinkle the fluid, is all that is needed." That fifty deaths had been caused up to 1854 by the use of chloroform, and that many more have been added to their number since, can easily be believed; but how many deaths have occurred from the use of sulphuric ether up to the present time? Has there been *one* well-authenticated case of death caused by inhaling it? If there has been, any one will confer a favor by giving the particulars of the case, and, above all, stating whether the ether was administered by means of an "inhaler," or a sponge. Is it probable that an agent which leads the patient along gradually through the various stages of intoxication, from a slight exhilaration to the complete insensibility of utter inebriety, and which shows the effect it produces so plainly by the pulse, respiration and complexion, is it probable that such an agent, in the hands of a man at all competent to practise his profession, can be carried to such an extent as to produce fatal consequences?

The term "inhaler" has always seemed to be a misnomer for the formidable instrument with which ether was administered for a short time after the discovery of its new power; the expression being more properly applied to the unfortunate individual who, with mouth distended from ear to ear, made use of that instrument. This is of little consequence—"What's in a name?"—but what does excite surprise is, that the "so-called inhaler" is spoken of as an instrument which is "almost indispensable to secure success" in the administration of ether. The disadvantages of "inhalers" are so many and serious, and so universally recognized here, that this remark was read with no little astonishment; it being considered settled that "inhalers," so far from being



almost indispensable to secure success in administering ether, "frequently retard, and sometimes entirely prevent its success"; as the writer had an opportunity to observe in an early and critical period of the history of etherization. About the middle of October, 1846, the new anæsthetic "compound," as it was then called, was administered to two patients at the Mass. Gen. Hospital who had minor operations performed upon them by Drs. Warren and Hayward. The result was not considered decisive of the powers of the new remedy, and not until Nov. 7th, of the same year, when Dr. Hayward amputated the thigh of a patient there, was it shown conclusively that, whatever the composition of the new "compound" might be, its power was not to be questioned, since it enabled a feeble, delicate woman to lie sleeping calmly as an infant, while undergoing one of the most formidable operations of surgery. In the interval between these operations, the great topic of interest and discussion in medical circles was the new "compound," and the writer gladly availed himself of an opportunity to witness its administration. The patient, who was to have a tumor removed from her breast, was told by the operating surgeon that, from what he had seen of the new remedy, he believed it could be administered with safety. He also thought that it would prevent her from feeling the pain of the operation, but could not *promise* that it would do so, and left it for her to decide whether it should be given or no. The patient expressing a strong desire to make the trial, she was instructed how to draw in the vapor, the tube was placed in her mouth, and the bystanders watched the result with no little interest. The same effect was produced as would be upon any one who was deprived of the proper amount of atmospheric air. The respiration soon became labored, the face dark, and the patient experienced such distress that it was absolutely necessary to withdraw the instrument from her mouth and give her air. The "inhaler" was taken from the room, more of the "compound" was said to be put in it, and the experiment was repeated, but with the same result; this happened again and again, until all present, even the disappointed patient, were convinced that further trials were useless, and that the operation must proceed in the ordinary manner. Now if, instead of the brilliant success which attended the administration of the "compound" Nov. 7th, 1846, when the patient dropped off to sleep like a tired child, and continued in that state until her thigh was amputated and the arteries secured; if, instead of this complete success, there had occurred a complete and utter failure, like the one mentioned above, would not those who crowded the amphitheatre of the Hospital on that occasion have thought that the new discovery was about on a par with Mesmerism, and the other humbugs which had preceded it?

A single public failure after, as he stated, repeated private successes, had been sufficient to stifle, almost at its birth, the disco-

very of Mr. Horace Wells, of Hartford, and a similar one would have been most injurious, for a time, at least, to the new discovery, although that would ultimately, probably, have triumphed over it. And why was it that this failure happened? Simply because an "inhaler," which Dr. Van Buren recommends as "almost indispensable to secure success," was used. The mysterious "compound" of that day was identical with the pure sulphuric ether of this; and had it been poured upon a sponge, or towel, and applied over the patient's nose and mouth, it would no doubt have put her into the same sound sleep it has so many others since. It was said, afterward, that the "inhaler" was a new one, and that the valves did not work with sufficient freedom to admit the external air. This was probably true; the best "inhaler" was the one which had no valves at all, but only two large holes—one on the top, and the other opposite the mouth-piece, through which the external air passed freely: but the sponge is far better than this. Given by the sponge, pure sulphuric ether will not fail to produce the desired effect, and no one ought to feel that the article has had a fair trial until it has been administered in that manner.

Dr. Van Buren, pp. 57-58, also states that, "In Paris, and in the cities of London and Edinburgh, with few exceptions, chloroform is employed in preference to any other anæsthetic." This is undoubtedly correct; but is there not a change already taking place in the opinions of some of the most eminent medical men there upon this subject? In Erichsen's "Science and Art of Surgery," p. 10, he says: "The fatal consequences which have attended the employment of chloroform have caused the American surgeons almost entirely to trust to ether in preference. Certainly ether is a safer agent than chloroform, no death having as yet resulted from its administration; and the only argument in favor of the use of chloroform over ether is, chloroform is the most convenient agent, its effects being produced more quickly, and no disagreeable smell being left behind, as is the case with ether. In fact, we use chloroform, in preference to ether, on the same principle that induces us to incur the increased risk of an express, rather than submit to the slower but safer progression of a parliamentary train." The last observation savors rather more of dashing "Young America" than sober "Old England," and, though a man may have a right to take the fast and dangerous train for himself, it may be questioned whether he has an equal right to place his patients upon it.

But is the dangerous chloroform train so much faster than the safe ethereal one? In a letter recently received from a physician of this city now abroad, he writes, under date of London, July 15th, "I administered the ether a few days ago at St. Mary's Hospital with entire success. The patient underwent a severe operation which lasted forty minutes, and was totally unconscious, and motionless, the whole time. The operator, Mr. I. Baker Brown, said that he had never seen a person upon whom he ope-



rated more quiet. Sir James Clark told me last evening that he thought the profession must fall back on the ether; and Mr. Wm. Lawrence said to me that he and Mr. Stanley were getting to be quite uneasy about the inhalation of chloroform. I have seen it administered a great deal here, and am satisfied that it does *not* produce insensibility *sooner* than ether, the patient is more restless during the operation, vomits more frequently, and more often suffers from headache afterward." From these statements it certainly is fair to infer that some, at least, of the European members of the profession are changing their views upon this subject, and that chloroform is not always more speedy in its action than ether.

*Boston, August, 1858.*

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#### PURPURA SIMULATING RHEUMATISM AND ERYSIPELAS.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY CALVIN ELLIS, M.D.

ON Feb. 8th, I was called to see a widow 59 years of age, who for a number of years had kept a boarding house in Albany St., and had consequently been living upon "made land," the materials for which had been taken from the neighboring flats. Nothing offensive, however, was noticed, with the exception of that indescribable odor peculiar to establishments of the kind.

Though for a long time subject to cough, no morbid physical signs were ever detected, and her general health was sufficiently good to allow her to attend to her household duties.

On Feb. 3d, she experienced an unusual sense of fatigue. In the afternoon of the following day her ankles became stiff and painful, so that in the evening she was obliged to take to her bed. The pain now became quite severe, commencing, apparently, in the deeper seated tissues, and was soon followed by swelling and redness. Not long after, the knees, elbows and wrists became similarly affected, the joints first attacked being more or less relieved when the others were invaded, the disease running its course in each, as the patient calculated, in about two days.

When first seen, the hands and wrists were very painful, of a dull-red color, much swollen, and œdematous. Upon the ankles, knees and elbows, and, to a limited extent, in the skin between the joints, were irregular pinkish spots of various sizes, some quite large. These had remained after the disappearance of the pain and swelling in the parts referred to. There was considerable heat of the skin. Pulse about 88. Tongue not remarkable. The bowels had been opened on the previous day by a dose of "vegetable pills." No appetite. She complained principally of debility and pain in the hands and wrists. Mind clear.

She was ordered to take ten drops of the wine of colchicum

every four hours, and a grain of opium when the pain rendered it necessary.

Feb. 9th.—Had considerable pain, and used several pills. Slept some. Last night the throat became sore, and is quite so this morning. On examination, the mucous membrane is found red, swollen and somewhat oedematous. Voice somewhat affected. Tongue as yesterday, with the exception that there are now several bluish spots upon the right lobe. No appetite. Left eyelid swollen and red as in erysipelas; the right slightly so. Had a chill yesterday, but none before. *R.* Quiniae sulph., gr. ij. three times daily. Use for a gargle a solution of tannin, gr. xx. to 3 i. of water.

4, P.M.—Some pain in the abdomen. Throat relieved by gargle. Has vomited, several times, a fluid like gruel. Right eyelid still more swollen. Pulse 100. Voice less distinct. Some oppression in the chest. Urine high colored; not seen. Swelling of hands somewhat less. Omit colchicum.

10th.—Slept some. Throat better this morning, but voice still almost inaudible. Has had much diarrhoea and nausea, and has vomited several times. Nothing peculiar in the dejections. Considerable pain in the abdomen. Several bluish spots upon the left side of the tongue, while those upon the right have faded. A red spot noticed upon the chin has become large, and a new one has made its appearance over the larynx. Right eye closed by the swelling of the lid. Left eyelid less swollen. The spots upon the ankles are hardly visible. Mind clear. Port wine.

11th.—Throat better. Voice more audible. No nausea nor diarrhoea. No abdominal pain. Right eye better. Reddish spots scattered about on various parts of the body. Pulse the same. Passes but little urine, and that with the dejections. Has taken beef-tea and a little port wine.

12th.—Yesterday, P.M., had a little fever, which subsided after thirty drops of sweet spirits of nitre. This morning, more comfortable, and voice more natural. No swelling nor oedema. Discoloration of the skin as at first. The spots are sharply defined, some old ones enlarging, some fading, while others are making their appearance. The ankles are again painful and somewhat reddened. Pulse 108, sufficiently strong and regular. No appetite.

14th.—Much cough last night; no expectoration. Much pain in abdomen. Several bloody dejections. Spots of the same character as those previously described, but much smaller and more numerous, are now seen upon all parts of the body. They are somewhat firm and elevated, and more like petechiæ. Aromatic sulphuric acid, from gtt. xxx. to 3j., three times daily.

15th.—About fifteen small bloody dejections since visit. Vomited several times, for which ten drops of chloroform were prescribed in the evening, and taken twice with relief. No appetite yesterday. Cough quite troublesome. This morning, looks bet-



ter. Passes less blood from the bowels. Some pain in the abdomen. Eruption is fading where it was bright yesterday. Pulse 100.

16th.—Decidedly more comfortable. No new spots; the old ones become yellow as they fade. Slept some. Considerable tenesmus last night, but has passed but little blood since yesterday morning. Less pain in abdomen. Pulse 76. Has taken a little broth.

17th.—Six dejections, without blood and with but little pain. Sleep disturbed by cough. Has expectorated yellowish mucus. Tongue sufficiently well. Pulse 88. Feels better. *R.* Ext. cannabis Indica, gr. i.; pulv. scillæ, gr. iss. *M.* Every four hours, p. r. n.

18th.—Pain returned in knees, wrists and ankles yesterday, and became so severe as to keep her awake at night. This morning, the hands, wrists, ankles and feet are red, painful, tender and swollen, while upon them the same spots are seen; but these, as well as that which was fading upon the left shoulder, have now become much darker, as in ordinary purpura. Lower lip swollen. Considerable fever. Much thirst this morning. At noon, is sitting up in bed. Pulse 88. No appetite. One natural dejection. Several new ecchymoses on tongue. Cough better. *R.* Morph. sulph., gr.  $\frac{1}{8}$ , every hour until pain is relieved.

19th.—Pain relieved during the day by the opiate, of which she took three doses before evening, and one in the night. Was kept awake by soreness of throat. Voice very faint. Coughs but little, and expectorates whitish mucus. Pulse 100. Hands and feet less swollen. Right eye partially closed by the swelling of the lid; left lid somewhat affected. Vomited last evening, after taking considerable liquid. No dejection since yesterday. Taragona wine was ordered by the advice of Dr. Buckingham, who saw the patient with me.

20th.—Throat much better. Slept pretty well. Pulse 92, sufficiently strong. Took a piece of potato this morning with relish, and drank a little tea. No dejection for three days. Feels decidedly better.

21st.—Is about the same. Old spots fading. Conjunctiva of right eye deeply injected.

22d.—Last night noticed a little stiffness of the hands, and this morning of both wrists and knees, which are now painful on motion. Slight redness of left wrist. Pulse 92. The old spots are fading like bruises. Has taken considerable nutritious food.

23d.—Knees and wrists quite painful during the afternoon and first part of the night. But little pain this morning in knees on motion. Slight soreness of throat last night, but none now. Pulse 84. Appetite quite good.

24th.—Much pain in the right ankle during first part of night, subsiding toward morning. Slept quite well. Was comfortable

until 4, P.M., when the ankle again became painful as on the previous day; the part is not swollen, though tender. Appetite good. Is stronger. Apparently some new spots upon the legs. Pulse 80.

27th.—The maculæ have nearly disappeared from the face, but many of a bright red color are still seen upon the extremities. Sits up a number of hours daily, but cannot stand without support.

March 4th.—Pain in both ankles and feet came on as before at 3 o'clock, and declined at midnight. No new maculæ.

9th.—Has been regularly improving since the last record. Gains strength slowly; walks about the room. Is still using quinine. Appetite pretty good. Bowels regular. *R. Ferri carb. sacchar. et manganesii*, gr. v., three times daily.

From this time she regularly improved until complete recovery took place.

The case was seen by Drs. Buckingham, Cabot, Durkee, Jackson and Storer, in various stages, and to all it appeared anomalous. Seen by me throughout, the diagnosis varied as the symptoms changed.

When first seen, the prominent points were pain, redness and swelling of the joints, which had been successively invaded. These symptoms certainly corresponded with those of rheumatism, and the appearance of the hands and wrists was precisely what is seen in that disease. A peculiar element, even then, however, was the pinkish discoloration, which persisted after the disappearance of the other symptoms. This was noticed, and considered a singular complication, but not one which should essentially modify a diagnosis supported by the other phenomena.

On the following morning soreness of the throat was complained of, while the swelling and redness of the eyelids were such as belong to erysipelas. It is certainly exceedingly rare for the latter to pursue the course noticed here, but a form is described under the name of "erratic," where this sudden change from one part to another takes place.

Still later, however, the discoloration of the skin became more and more like that of purpura; the spots appeared in all parts of the body, while the symptoms which at first principally attracted the attention declined. The hæmorrhage from the bowels, and the appearance of the tongue, served to strengthen the opinion that purpura was the disease, and that the other phenomena were its complications. Pain is mentioned in connection with scurvy, but according to Valleix it has no fixed seat, or tends to affect the lumbar region or the middle part of the limbs, particularly the lower. It may change its seat often, but almost always becomes fixed. The pain in our case was in the joints.

The prognosis became more and more unfavorable as the debility increased and the ecchymoses multiplied, so that at one time her life was supposed to be in great danger.



The treatment on the first day was based upon the supposed rheumatic character of the disease, but was changed on the following day, when the new features in the case declared themselves. Tonics, acids and nourishing diet were advised and persisted in till the close.

## FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Communicated for the Boston Med. and Surg. Journal.—Continued from Vol. LVIII., p. 498.]

*Treatment.*—I have already spoken of the treatment of fractures of the neck of the scapula, and my remarks will now be confined to fractures of the upper end of the humerus.

*Fractures of the Anatomical Neck; Intra-capsular.*—As has already been stated, these are generally compound fractures, and from the extent of the injury often demand amputation of the entire arm. If an effort is made to save the arm, splints will not be applied, and the treatment will have little or no reference to the existence of a fracture; it will be directed only to the reduction or prevention of the inflammation, &c. At a later period the head of the bone may escape spontaneously, or it may become necessary to remove it by an operation.

Simple fracture of the anatomical neck, without any external wound communicating with the joint, and accompanied, as it often is, with impaction, frequently unites, or the upper fragment becomes encased in the lower.

It is not proper in such cases to employ great violence for the purpose of detecting crepitus, lest the fragments should become displaced; and if the arm should be found to be a little shortened, it must not be extended, with a view to overcoming the shortening, since upon the impaction probably depends, in a great measure, the chances of union.

The elbow and forearm may be suspended in a sling, while the arm is gently supported against the side, merely to ensure quietude. No splints are necessary or useful.

*Treatment of Fractures through the Tubercles (Extra-capsular); Non-impacted and Impacted.*

In these cases, also, the fragments being seldom displaced, very little if any mechanical treatment is demanded. A sling is all that is usually required. If, however, on account of displacement of the fragments, a splint is thought necessary, it must be applied in the manner hereafter to be directed in cases of fractures of the surgical neck.

If impaction, with shortening, exists, the same remarks are applicable here as in intra-capsular impacted fractures, namely, that we ought not to rotate the limb much, nor violently, in order to discover crepitus, nor make extension with the view of overcom-

ing the shortening, since the fragments unite more promptly and certainly when the impaction remains, and its continuance in no way damages the usefulness of the limb.

*Treatment of Longitudinal Fractures of the Head and Neck, or of a separation of the Greater Tubercle.*

In the only instance which I have recognized as a fracture of the greater tubercle, and already referred to, the displacement was moderate, and could not be overcome, either by change of position or by pressure with extension. The patient was therefore merely laid upon his back in bed. No dressings of any kind were employed, and the fragments seemed to unite promptly, and with no increase in the displacement.

If the displacement is originally more considerable, attempts ought still to be made to reduce the fragments, by extension and abduction of the arm, with direct pressure; yet they will not generally prove completely successful, nor will it be found easy to retain them when reduced.

Mr. Mayo treated a fracture of this character, which occurred in a man 60 years of age, with a figure-of-8 bandage, and a sling, with a lathe splint on the outer side of the humerus, the upper part of which was made to bear on the fragments, by uniting the upper part of the circular arm roller to the figure-of-8 bandage. "The fracture united favorably," he says, but we presume that he does not mean to affirm that it united without any degree of displacement; a result which, probably, ought never to be expected. Mr. Mayo adds, however, that "for a long time the patient had some difficulty in carrying the arm backward."\*

*Treatment of Fractures of the Surgical Neck, including Separations at the Epiphysis.*

I see no reason to suppose that the indications of treatment can essentially vary in separations at the epiphysis, or in true fractures through any part of the surgical neck, since the relative action of the muscles remains the same, and the direction of the displacement is generally the same. My remarks, therefore, upon this point may be considered as equally applicable to fractures and epiphyseal separations.

In a considerable proportion of these cases not much displacement of either fragment takes place, and consequently we have only to apply such moderate retentive means as will ensure quiet. Indeed, under such circumstances we might not hesitate to adopt the posture treatment practised by Dupuytren in two cases, both of which terminated favorably. The treatment consisted in placing the arm, semi-flexed, on a pillow, the pillow being arranged so as to form a pyramid, the summit of which was lodged in the axilla, while the elbow was secured to the side of the body by a bandage.†

\* B. Cooper's edition of Sir A. Cooper on Dislocations, &c., American Edition, p. 385.

† Dupuytren on Bones, Sydenham Edition, p. 99.



Unhappily, however, as we have seen, this condition is not always present; the most frequent form of displacement being that in which the lower fragment is drawn upward and inward, or toward the coracoid process.

In such cases it will require, often, no little perseverance and skill to effect reduction, if it is not found to be actually impossible, and still more to retain the bones in place when once reduced. Indeed, it is proper to say that a complete reduction is seldom accomplished and permanently maintained, owing, probably, to the advantageous action of the muscles which tend to produce the displacement, and in part also to the difficulty of applying any apparatus or dressing which shall act efficiently upon the fragments.

Sir Astley Cooper recommends for this accident a couple of splints, to be placed one in front of and one behind the shoulder, an axillary pad, a clavicular bandage and a sling; the sling being made to suspend only the wrist and not the elbow, since he had observed that when the elbow was lifted the upper end of the shaft was inclined to fall forward.

Mr. Tyrrell informed Mr. Cooper that in a similar case he had found the bone best maintained in its natural position by its being raised and supported at right angles with the side, by a rectangular splint, a part of which rested against the side, whilst the arm reposed upon the other part; and until he had made use of this plan, he could not succeed in removing the deformity, or in keeping the bone in its place.

Mr. Erichsen has found a very convenient apparatus to consist of "a leather splint about two feet long by six inches broad, bent upon itself in the middle, so that one half of it may be applied lengthwise to the chest, and the other half to the inside of the injured arm, the angle formed by the bend, which should be somewhat obtuse, being well pressed up into the axilla."

The following is the plan which I would, however, generally recommend.

The fragments having been reduced as completely as possible, a broad and firm gutta-percha splint should be moulded to the outside of the arm and shoulder. When it has become sufficiently hard and firm, it may be secured in place by a roller carried from the elbow to the axilla. If the splint covers well the top of the shoulder, and is sufficiently wide, it is not apt to become displaced; and by resting against the point of the acromion process, it enables the upper turns of the bandage to draw the broken end of the lower fragment outward; at least, as effectually as any other dressing is capable of doing, and renders an axillary pad unnecessary. The sling may then be applied as recommended by Sir Astley Cooper, or the arm may be permitted to hang perpendicularly beside the body. The clavicular bandage also recommended by Sir Astley complicates the dressing very much, and does not seem to me to an-

swer any useful purpose; while the axillary pad exposes the brachial plexus to painful if not injurious pressure.

As a substitute for gutta percha, a firm sheet of felt may be employed, or a curved wooden splint, or the very complete shoulder and arm splint of Welch, but in either case the upper portion of the splint ought always to rest upon the shoulder, so as to prevent its sliding downward.

Dr. Waters read before the Æsculapian Society of the University of New York, a remarkable case of compound and comminuted fracture of the shaft and surgical neck of the humerus, in which the constant protrusion of the upper end of the middle fragment in the region of the axilla finally rendered resection of the head and neck necessary. This operation was made by Dr. Waters, on the eighteenth day; and four months after, he was so far recovered as to be able to write a letter with the limb upon which the operation had been made.\* It may be regarded, therefore, as a signal triumph of conservative surgery, since the alternative presented was only between amputation and reduction. In a similar case, Dr. Van Buren, of New York, was compelled to amputate at the shoulder-joint, after which the patient made a good recovery.†

§ 5. *Shaft, below the Surgical Neck and above the Base of the Condyles.*

*Causes.*—In a record of seventeen cases in which the cause of the fracture is stated, I find this portion of the shaft broken from direct blows ten times; from indirect blows, the concussion being received upon the elbow, twice; once it was a consequence of tertiary lues, once it occurred during birth, and three times in the same patient it has been broken from muscular action alone, each consecutive fracture occurring at a different point. The records of surgery furnish many examples of fracture of the shaft of the humerus from muscular action, as in throwing a stone, or a snow-ball; but the most singular examples are those in which the bone has been broken in a trial of strength between two persons, by grasping the hands palm to palm, with the elbows resting upon a table, and twisting, when the humerus has suddenly given way a little above the condyles. I have seen one case of this kind, which was under the care of Dr. Wynne, of this city, and Malgaigne has collected five other similar cases, two of which were reported by Lonsdale.

The example of fracture during birth, to which I have referred, occurred in a healthy female child, whose parents were also healthy. The mother was in labor six or eight hours, but the labor was not severe. She was attended by a midwife, and does not know whether violence was employed or not. Dr. Lockwood, of Buf-

\* Waters. New York Journal of Medicine, May, 1847, p. 313, vol. viii., First Series.

† Van Buren. Ibid., January, 1854, p. 152, vol. xii., Second Series.



falo, was called on the third day, and found the arm broken a little below its middle, and moving as freely as it did at the elbow-joint; he applied lateral splints, with bandages, &c. I saw the child on the seventeenth day after its birth, with Dr. Lockwood. There was then a perfect ferrule of ensheathing callus surrounding the fragments, and which, owing to the softness of the flesh, could be easily detected and defined. The fragments were firm, and had been at least three or four days. Nearly a year after, I again examined the arm, and could not discover any traces of the accident.

Dr. Lowenhardt has also reported a case in which the evidence was conclusive that the fracture was caused solely by the contractions of the uterus, which forced the arm against the pubes; the arm being heard distinctly to snap when it was passing this point, and while the hands of the accoucheur were not aiding in the delivery. In this case the humerus was broken in its upper third.\*

*Seat and Direction of the Fracture.*—The seat of the fracture is more often below than above the middle of the bone; thus I have found the fracture thirteen times near the middle, and the same number of times below the middle third, but only six times above the middle third. The observations of Norris, who found four fractures of the shaft above the middle, and nine below, correspond with my own;† but M. Guëretin, in the same number of fractures, found nine above the middle and four below.‡

The line of fracture is generally oblique, but more often transverse than in fractures of the clavicle, femur or tibia.

*Displacement.*—The direction of the displacement depends, no doubt, sometimes upon the precise point of the fracture and upon the action of the muscles operating upon the two fragments; thus, if the fracture takes place just above the insertion of the deltoid, the lower fragment is liable to be drawn upward and outward, in the direction of its fibres, while the upper fragment is carried toward the origin of the pectoralis major, &c.; but, in a great majority of cases, the influence of these muscles is more than counterbalanced by the direction of the force and by the direction of the fracture. Practically, therefore, it is seldom of much importance to determine the exact point of fracture, as to whether it is just above or below the insertion of a particular muscle; nor, indeed, is it generally very easy to ascertain this point with much precision.

The amount of displacement varies considerably in different persons, and in fractures at different points, but it will average about three quarters of an inch. When the fracture is produced by muscular action alone it is generally transverse, and displacement seldom occurs. Such was the fact in every instance where my own

\* Lowenhardt. American Journal of Medical Sciences, January, 1841, p. 250, from *Medicin Zeit.*, Mai 6, 1840.

† Norris. *Ibid.*, January, 1842, vol. xxix, p. 28.

‡ Guëretin. *Presse Médicale*, vol. i., p. 45.

patient broke the arm three times consecutively at different points; and union was speedily accomplished and with no deformity. Dupuytren, however, saw a case which constituted an exception to this general rule. The fragments became completely separated, and were so movable that union could not be effected, and he was compelled, after three months, to resort to resection.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 28th.—*Trephining the Lower Jaw for Neuralgia.* Dr. J. Mason Warren related the case. The patient was a lady about 40 years of age. Eight years since, she had a neuralgic attack commencing in the lower jaw, in the neighborhood of the right bicuspid teeth. One or two teeth were extracted, but the pain still remained in the jaw, which seemed tender and swollen at that point. The neuralgic attack gradually increased, and the pain spread, affecting a good part of the left side of the face, being at times of the most excruciating character. During this time, every kind of treatment, that the best directed skill and judgment could dictate, was employed without avail. Dr. W. saw her about four years since in consultation, and suggested an operation, but she declined it at that time.

For the last six months previous to the operation, her sufferings were so great as to reduce her strength, and confine her to her room, where she moved only from her bed to her sofa, and for the most part was kept under the influence of morphia. Any movement, even of the air near her, was sufficient to excite an attack. Under these circumstances, every other means having failed, and her strength apparently giving way, she made up her mind to the operation. Dr. Perry, her physician, Dr. Blake and Dr. Oliver assisted. Being well etherized, the jaw was exposed in the vicinity of the masseter muscle, which being raised, a trephine was applied, and a circle of bone removed about half an inch in diameter. This exposed the inferior maxillary canal. The nerve was now raised on a probe, and as large a portion as the aperture would admit of, removed. A slight dissection was now made, and the inferior maxillary nerve as it issued from its canal again divided. The uneven and swollen alveolar processes were next removed by means of the bone forceps. It should have been before stated, that all the teeth in both jaws had in the course of her disease been extracted, but without any relief to her sufferings.

Three months have elapsed since the operation, and there has been no recurrence of the neuralgic pain in her face. She has given up her morphia, resumed her ordinary manner of living, and has taken one or two journeys into the country. One symptom from the operation, it may be interesting to state, is the occurrence of neuralgic pains in the different muscles of the body, on being brought into action after long disuse. These, however, are of a supportable character.

The operation in this case may be considered as thus far entirely successful, and even if the pain should recur again, the number of months of freedom from suffering, after so many years of torment, will allow the system time to rally and better support its return.



JULY 26th.—*Tumor of the Omentum in connection with Ascites.*

In connection with Dr. Gay's case, Dr. Jackson alluded to several cases that he had seen of ascites, in which encephaloid tumors were found in the omentum, and elsewhere upon the peritoneal surface; the tumors being very distinct and movable during life, and the organs entirely free from cancerous disease.

This form of disease, Dr. J. thought, had not sufficiently attracted the attention of the profession; and the possibility of its occurrence in cases of ascites should certainly be borne in mind where there is no evidence of any other organic affection.

MAY 10th.—*Renal Calculi.*

Dr. Warren showed two renal calculi, from a man 30 years old. They had been discharged at two different periods, in each instance the stone being about six months in passing the ureter. They were very irregular in shape, and about the size of a large pea. The pain was not constant. From cases that had come under his observation he had generally found from two to three weeks the average time occupied by the passage of these calculi.

At a subsequent meeting Dr. W. showed a small round renal calculus of the size of a small shot, which passed in ten days.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 19, 1858.

### TREATMENT OF CANCER BY BLOODROOT.

A CURIOUS and interesting letter, found among the papers of the late Dr. WARREN, and addressed to his father, has been handed to us by his son, Dr. J. MASON WARREN, as throwing some light on a subject which, a little more than a year ago, excited the curiosity of the profession, as well as of the laity, in England. We refer to the so-called "method" of Dr. Fell for curing cancer. We printed in this JOURNAL, for July 16, 1857, some remarks on the nature of this "discovery," and expressed our opinion of Dr. Fell. Both the method and the author have been consigned to oblivion, and we only allude to the subject to show that the local application of powdered bloodroot in the treatment of cancer was known, and had been frequently employed in Philadelphia, in the early part of this century, and that it is much more probable that Dr. Fell had heard of its use in this way by medical men, than that he had derived his idea from the North American Indians. (See Dr. Fell's work on Cancer, p. 56.) The letter, dated October 2d, 1811, was written by a gentleman of Philadelphia to a friend in Portland, Me., and contains a copy of a "recipe" of Dr. Daniel Weatherby, of Philadelphia, for the cure of cancer by the local application of powdered bloodroot, or "percoon," as it is there spelled. The writer proposes to send the ingredients to his friend "by a coast-er daily expected, or to Boston, or by mail, if not too bulky." A copy of the letter and "recipe" was sent to Dr. JOHN WARREN, grandfather of the present Dr. Warren, probably in the belief that it might be of interest and value to a medical man. We reprint the copy of the "recipe" verbatim.

"This recipe is a sure and long experienced antidote to expel all sorts of cancers.

"The first application is the yellow preparation of percoon or bloodroot pulverised. Spread it lightly over a plaister of roasted onions, so as to color the face of it, and apply it to the cancer. If the cancer be open so that it can penetrate, it will kill the body of it, and inflame the parts, round as far as the roots extend, in twenty-four hours, but the time will vary, as the case requires. In all cases, this application must be repeated until the body or center of the cancer appears purple or black, and the parts round appear red and inflamed; then apply the second application, and it will soon bring it into a suppuration, and the body of the cancer will fall out of its own accord; but the most difficulty is to expel the roots that extend through the sound flesh at some distance, which distance may be discovered by the inflammation, as the medicine will not prey upon any kind of flesh but that of a fungus, scarious and cancorious nature. Bringing on the first application, the inflammation once a fortnight is sufficient in the most erascible cancer. But, should it [not] be effectually subdued in that time, apply the first plaister, and pursue the mode laid down, a second time. I have found that long intervals between the repetition of it answers best, as it is of a very hot and hardening quality, the softening it again and running of it out is the most difficult and tedious part of the cure, but if persisted in will have the desired effect in all cases.

"The second application is thus.—Take young, soft, poke roots, roast them well, peel them, and beat them well in a mortar, take one tenth part of boar tush or fern root, break or pulverise it, beat it with the poke root, and one sixth part of James-town or Henbane seeds powdered; spread a poultice of it, sufficiently large to cover all the parts inflamed by the first application; this ought to be repeated night and morning when the case is bad. It will soon draw out the inflammation, soften the parts and give the patient ease. When the cancer matters, and is loose from the sound flesh, it must not be forced out, as such an operation would break the roots, and the tiny passages would shut, so that the medicine could not extend to the end of them as well as if it had the whole of the root to prey upon. As long as the disease exists, this application will keep the part effected open, but when the cancer is entirely expelled, it will heal up by continued application of the medicines, which ought and must be done to have the cure perfect.—If patients follow these directions strictly I can warrant complete cure, but not otherwise. (Signed) DANIEL WEATHERBY.

"N. B.—A very small proportion of the white precipitate must be sprinkled on the first application."

It may be recollected that one of the reasons assigned by Dr. Fell for keeping his remedy secret for many years, is, that "it often happens that when a remedy or mode of treatment of importance has been introduced by one unknown to the profession, it has been adopted by some leading man, and in many cases the originator is entirely lost sight of"!

#### QUESTIONABLE ADVERTISEMENTS.

Our attention has been called to the following advertisement in a religious paper published in this city, called the *Puritan Recorder*, by a physician who says "I have taken the Recorder for years, and must continue it for want of a substitute, conducted with more elevated views of what medicine demands of moral and intelligent men."

#### OLD DR. HEATH,

HAVING lost his father, two brothers, daughter, son-in-law, nephews and nieces, by that dreadful disease CONSUMPTION, and suffering with a cough himself, he sought and discovered a preventive and cure for Colds, Coughs, Bronchitis, Consumption, Nervous Debility, Asthma, &c. His cough was cured immediately; he cured his relatives, who inherited the disease, and, in connection with his son, has employed in their practice, curing thousands of cases considered



hopeless by others. For the purpose of rescuing as many of his suffering fellow-beings as possible, he is sending the recipe to all who wish it for 10 cents.

Address,

DRS. HEATH,

No. 101 Spring St., opp. St. Nicholas Hotel, N. Y. City.

The following will protect invalids from imposition:

City and County of New York, ss.—A. S. HEATH, of said City, being duly sworn, saith that he is a practicing physician and surgeon in the city of New York, and a graduate of the University Medical College of said City.

Deponent further saith that the certificates of cures hereunto annexed, are true correct extracts from letters of parties, sent by them to this deponent.

(Signed,)

A. S. HEATH.

Sworn to before me, this 7th day of June, A. D. 1858.

(Signed,)

DANIEL F. TIEMANN, Mayor.

The extracts of cures will be sent with the recipe.

We could not at first believe that any regular graduate in medicine would so prostitute his diploma as to put forth an advertisement of this description, but we regret to find on inquiry that a person bearing the above name did receive a degree from the Medical Department of the University of New York City. Such cases occasionally occur: it does not necessarily follow that a man will pursue an honorable line of conduct because he is a regularly-graduated physician. We cannot forbear, however, to express our astonishment and regret, that any respectable newspaper should admit into its columns an advertisement of such a questionable nature. One would suppose that the illiterate character of the announcement was sufficient evidence of the claims of the advertiser to the confidence of the public as a medical practitioner. Does not the *Recorder* know that physicians who publish such advertisements are not considered respectable by the profession, and consequently are unworthy the confidence of the public? Can it be possible that an intelligent man would believe that a recipe, sent for ten cents, to any one applying for it, has cured "thousands of cases considered hopeless"? "But intelligent men would not be deceived by it." True; but how many out of the thousands of readers of newspapers are intelligent enough to avoid being duped by such artifices? It is a sort of guarantee of their respectability, that such advertisements are admitted into respectable papers, and we regret that the conductors of the *Recorder* have not sufficient "intelligence" to perceive the evil effect they have on the community.

#### MANNER AS AFFECTING PROFESSIONAL SUCCESS.

THERE have always been various opinions relative to the influence of personal manners upon the professional success of physicians; and doubtless there still are. Notwithstanding, the majority of individuals, in and out of the profession, incline to yield the palm to that unaffected and dignified courtesy which is ever the prompting of a kind heart and a sensible head. The simple graces of manner which a hearty interest in human welfare always spontaneously prompts, are never more acceptable than when manifested in the sick-room, or towards the sufferer from unforeseen casualty. The usages of true politeness are ever the most politic—to look at them in no higher light. Every noble and tender sentiment, however, prompts the medical practitioner to observe not only the outward, but the inward amenities of life. We therefore regret, when we observe, as we sometimes do, an aspirant for fame and success in our calling, inclined to adopt a strained, eccentric and unnatural manner—or worse than

that, a blunt, rude, pert or overbearing deportment towards his elders if not his betters. There sometimes are birds, barely fledged, who endeavor very absurdly to plume as broad a wing as older and higher fliers. They are exceedingly apt to be "taken down a peg," after a time. It is not, however, this harmless little arrogance, which experience soon cures, that most needs animadversion. It is the insolent, unmannerly tone and words of juniors to seniors, which unfortunately has come, of late, to characterize "Young America," in every sphere of life and in all sorts of occupations. Not that we are for establishing an autocracy of *age*—but we claim that years and experience, even if not endued with the garment latest cut and trimmed by Science, are to be respectfully addressed and listened to. And leaving inter-professional relations, where so much is gained by a mutual courteous and kindly bearing, we maintain that the ratio of professional success will be found to be gauged, as a rule, by the amount of that true regard for the comfort and feelings of others, which is implied by an attention to good manners. There is, we know, an innate sentiment, without which it is hard—we may say impossible—for a man to be gentleman-like or a woman lady-like; but the smallest amount of capability, for anything, grows by cultivation, and the effort, in this connection, will well repay those who make it.

We know many persons who look upon Science as everything that is necessary to success in our profession; and who, either naturally or affectedly, despise politeness. Such individuals may be valued for what they know, but they will fail to secure the love and best confidence of those with whom they associate, or to whom they are professionally called. He who truly loves his profession, will simultaneously advance its interests and his own, by mingling the milk of human kindness, in large proportion, with the "strong waters" of abstract knowledge. The more true gentlemen in our ranks, the more really good physicians and surgeons we shall number.

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#### PUBLIC HYGIENE.

THE effects produced upon the atmosphere of London by the present condition of the river Thames, have occupied public attention to a considerable extent in England for several months past. The general opinion seems to be that these effects are highly injurious, and as the evil is one which is continually increasing, the question how it is to be overcome becomes one of the greatest importance. How far an increase in the number of deaths from diarrhoea, and its kindred diseases, may be traced to this cause, we will not pretend to say. It appears that during the week ending June 26, the fatal cases amounted to 54, being double the average for corresponding weeks in other years, and that the weekly mortality of London is 293 in excess of the average of really healthy districts of England. The Registrar-General may not be far wrong in attributing this excess partly to "the evaporation of somewhat more than four million gallons of water from the Thames, carrying with the vapor, and diffusing all over the town, impurities which are breathed by the whole population." A report upon the present condition of the Thames, by the Analytical Sanitary Commission, published in the *Lancet*, shows that specimens of water taken from twelve different places on the river, contain an abundance of organic matter, and of sulphuretted hydrogen, and they were very offensive to the smell. As to the means whereby the evil may be



remedied, it seems to be admitted that the sewage must no longer be permitted to pass into the river, but must be carried to a distance from the metropolis, and the Commission are clearly of the opinion that every effort should be made to utilize the sewage thus conveyed, the daily value being estimated at £3,795. About six-sevenths of the valuable matter are in the liquid portion, and only one seventh in the insoluble or suspended form.

To compare small things with great, Boston will be similarly circumstanced with London before long. The new district, which in a few years will spring up on the site now occupied by the Back Bay, will drain into the river, and as there will be no limit to the extension of population in that direction, we may have a city twice as large as Boston is now, extending, perhaps, as far as Brighton, whose sewage flowing into the river, already not over pure, and mingling with that entering below, may render the nuisance which we now endure temporarily (it is hoped) a permanent one. The amount of solid matter carried through our sewer, must be very great, much more so of late than formerly, on account of the great increase in the number of water-closets, since the introduction of the Cochituate water. This matter is deposited in front of the mouths of the sewers, filling up the river, and choking up the drains. In a pecuniary point of view its value must be immense; enough, probably, to pay for its preservation and removal. The subject already occupies the attention of the Board of Health, and we have no doubt that a plan will be matured of disposing of the sewage which will prove in every way economical.

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*Effects of Lightning.*—We noticed in the daily papers, not long since, that during a thunder storm, a man in a house in Salem which was struck by lightning received the visible impression, on his person, of the branches and leaves of a tree. This phenomenon has not infrequently been said to have been observed, but we have never seen a well-authenticated report of such a case, and the fact is so remarkable that we cannot help believing that this particular instance is also untrue, otherwise we feel sure it would have been communicated to some scientific association or journal, by a competent witness. A recent publication on Medical Geography, by M. Boudin, which is reviewed in the last number of the *British and Foreign Medico-Chirurgical Review*, gives no farther proof, we believe, of the authenticity of these stories of “kerannographic images,” as the author calls them. One of the most remarkable facts recorded by M. Boudin, is the immunity which towns, especially the larger and more populous ones, enjoy from accident to life by lightning. Thus between 1800 and 1851, not a single death from this cause was recorded in Paris; and in 1786 it was calculated that out of 750,000 deaths in London during thirty years, two only had been produced by lightning. Comparing these numbers with the total number of deaths from this cause, and with the fact that 25 per cent of all happen under trees, he holds it reasonable to conclude “that lightning finds more victims in the open country than in cities.” The average annual number of deaths by lightning in France, from 1835 to 1852 inclusive, was 72. In 1835 there were 111.

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*Blockley Almshouse.*—Dr. Robert K. Smith has been elected Chief Resident Physician of this institution, in place of Dr. McClintock.

*Alcoholic Stimulants in Snake-bites.*—From a letter received from Dr. John J. Addy, of Camden, Ark., we learn that upon the western frontier, where rattlesnakes are numerous, and where physicians are frequently called to treat poisonous wounds inflicted by this and other venomous reptiles, they rely almost exclusively upon the administration of alcoholic stimulants, and in quantities sufficient to produce intoxication. It would appear from his letter, that the patient is not considered safe until drunkenness is induced—that they regard drunkenness, under such circumstances, as evidence that the effects of the poison have been overcome by the stimulant.

Dr. Addy mentions a case that he had treated with perfect success by the free use of whisky—the patient being perfectly relieved in twenty-four hours after the reception of the injury.—*Atlanta Medical and Surgical Journal*.

*Health of New Orleans.*—Yellow fever having made its appearance here about the middle of June last, of course there was much concern felt in relation to its extension; indeed, many were convinced that we should very soon run into a true epidemic of this dire scourge. Much, if not nearly everything, however, has to be learned yet in relation to the mode of origin and progress of the disease; predictions in relation to either, amount to mere surmise, and he who makes them is almost as desperate as the purchaser of a lottery ticket. We are just [July 26th] from the office of the Board of Health, where, through the courtesy of the worthy Secretary, Dr. Baldwin, we had access to the mortuary reports of the past week. We find recorded twenty-six deaths by yellow fever, against twenty the week previous; which, taking the intense heat, which we have endured recently, into consideration, is certainly a very trifling increase—far below the anticipations of the least anxious. Again, and contrary to general rumor, we find that the disease is almost wholly confined to the laboring class of people, and, of these, to those most of all exposed to the vicissitudes of the weather, viz.: individuals engaged on our levee—a large proportion being sailors of ships arrived here comparatively recently.—*New Orleans Medical News and Hospital Gazette*.

*Shelby Medical College.*—We have at last received the announcement of the Shelby Medical College, Nashville, Tennessee. This new institution goes into operation in the fall, and with the following gentlemen composing the Faculty, viz.: Dr. John F. May, Professor of Surgery; Dr. E. B. Haskins, Professor of Theory and Practice; Dr. John P. Ford, Professor of Obstetrics, &c.; Dr. S. L. Maddin, Professor of Anatomy; Dr. John H. Callender, Professor of Materia Medica; Dr. R. O. Curry, Professor of Chemistry, &c.; Dr. D. F. Wright, Professor of Physiology, &c.; Dr. H. M. Compton, Demonstrator of Anatomy. The Faculty announce that they will be thoroughly prepared to teach medicine properly, and we wish them the fullest success in their enterprise.—*Ibid*.

*Health of the City.*—The mortality of Boston varied but little during the past week from that of the previous one. Of the 81 deaths, 6 were from casualties, leaving 75 as the result of disease. The late prevalence of easterly winds has doubtless had the effect of protecting the city from the unhealthy influence of the emanations from the Back Bay and river. The number of deaths from the diseases usually prevalent at this season, was 16. The number of those of children under 5 years of age, was 32. The total number of deaths for the corresponding week of 1857 was 96, of which 11 were from consumption, 2 from pneumonia, 23 from cholera infantum and 11 from dysentery.

TO CORRESPONDENTS.—Our correspondents will confer a great favor upon us by placing the titles at the head of their articles.

*Communications Received.*—Effect of Belladonna in arresting the Secretion of Milk.—Veratrum Viride.—Poison from eating Mushrooms.—Sunstroke.—Treatment of Uterine Disease.—Case of Diabetes Mellitus.

*Deaths in Boston* for the week ending Saturday noon, August 14th, 81. Males, 38—Females, 43.—Accident, 4—apoplexy, 1—inflammation of the bowels, 1—abscess in the bowels, 1—burns, 1—cancer (uterine), 1—consumption, 20—convulsions, 3—cholera, 1—cholera infantum, 11—cholera morbus, 1—croup, 1—dysentery, 3—diarrhoea, 1—dropsy, 3—dropsy in the head, 5—drowned, 1—infantile diseases, 3—scarlet fever, 2—typhoid fever, 2—disease of the heart, 1—hernia, 1—intemperance, 1—inflammation of the lungs, 3—marasmus, 3—old age, 2—teething, 2—unknown, 1—whooping cough, 1.

Under 5 years, 32—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 19—above 60 years, 4. Born in the United States, 63—Ireland, 23—other places, 5.



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## CASE OF DIABETES MELLITUS.

BY CHARLES E. BUCKINGHAM, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE notes of the following case are particularly interesting at this time, although the case itself was not complete at the close of the record. Perhaps they may reach the eye of some physician who observed the case later, and who will give the remainder of it. I say the case is particularly interesting at this time, because the use of sugar and sugar-producing articles as food in diabetes, is now attracting attention on the other side of the water.

The records are made up to 11, A.M.

Thos. Welby, aged 38 years, married, Irish, shoemaker, intemperate, was admitted to the Hospital of the House of Industry, in this city, on the 28th of August, 1851. Reports himself sick for three years. Was in a hospital in County Galway, Ireland, for several months, for diabetes. Has at times been much improved, but latterly is failing.

*Present State.*—Much emaciated. Appetite very good. Constipated. Tongue moderately clean, and furrowed. Skin very dry. In twenty-two hours has taken eight pints of tea and water. Has passed about eighteen pints of urine—the first gallon high-colored, the remainder straw-colored, and the last third, quite pale. No sediment.

Has no pain. Pulse 76, and of sufficient strength. Heart-sounds normal. Is a little deaf in both ears, without apparent cause. Deafness has been present during whole of sickness. No affection of external ears. Cough slight. Has expectorated nummulated sputa, about two ounces in the last twenty-two hours, which mostly sinks in water. Percussion sounds clear over both backs and fronts, except in the præcordial region. On the left side, below and between scapulæ, voice quite resonant. Expiration loud, with crackling. Over the remainder of both backs, the respiration louder than natural, with prolonged expiration. Respiration in præcordial region decidedly bronchial, with bronco-

phony. Rest of the front chest, like the back. Does not sleep well.

The mixed urine is of a straw color, slightly acid, slightly turbid. Odor faintly urinous. Shaking, after filtration, produces slight frothing. Specific gravity, 1042. Boiling does not produce opacity, but, if long continued, turns it dark, when it gives out a saccharine odor, and becomes sticky. Liquor potassæ throws down a precipitate of phosphates, and after slight boiling shows melassic acid.

Trommer's test indicates sugar in large amount. So does sulphuric acid and heat. So does Capezzuoli's test. Mixed with yeast, fermentation was produced.

*Treatment.*—*R.* Ol. jecinoris aselli, ℥ ij.; tinct. cinchonæ, ℥ vi.; kreasot., gtt. xvi. *M.* To have ℥ ss. twice daily. To have as much drink as he wishes and as much food. The drink to be tea, with milk and sugar; the food to be bread, and broth with meat in it—the regular house diet.

The following is an account, up to Sept. 6th, omitting that of Aug. 30th, which, by accident, was lost. Fractional parts of half pints are calculated with the nearest half pints.

| DATE.      | FLUID INGES.  | URINE.       | DENSITY. | REMARKS.         |
|------------|---------------|--------------|----------|------------------|
| Aug. 29th. | Pints, xviii. | Pints, xxii. | 1036     |                  |
| 31st.      | " xiv.        | " xxii.      | 1037     |                  |
| Sept. 1st. | " xviii.      | " xvi.       | 1040     |                  |
| 2d.        | " xiv.        | " xviii.     | 1038.50  |                  |
| 3d.        | " xv.         | " xviii.     | 1042     |                  |
| 4th.       | " xiii.       | " xviii.     | 1037.50  | Weight, 117 lbs. |
| 5th.       | " xviii.      | " xix.       | 1039.50  |                  |
| 6th.       | " xvi.        | " xviii.     | 1036     |                  |

Sept. 6th.—Pulse 84. Pectoriloquy over left chest, about and below the heart. Voice unusually resonant over whole front. Respiration loud over the whole front, but no crackling anywhere. Respiration cavernous where there is pectoriloquy. Behind, as at last examination. Teeth quite loose. Continue treatment, and use for a wash for gums, acidi tannici, gr. x. to the ounce of water.

| DATE.      | FLUID INGESTA. | URINE.      | DENSITY. |
|------------|----------------|-------------|----------|
| Sept. 7th. | Pints, xiii.   | Pints, xiv. | 1038.50  |
| 8th.       | " xvi.         | " xviii.    | 1036     |
| 9th.       | " xvii.        | " xxii.     | 1038.50  |
| 10th.      | " xiv.         | " xxi.      | 1036     |
| 11th.      | " xvi.         | " xx.       | 1031     |
| 12th.      | " xviii.       | " xviii.    | 1037.50  |
| 13th.      | " viii.        | " xii.      | 1037     |
| 14th.      | " v.           | " viiiss.   | 1037     |
| 15th.      | " vii.         | " xii.      | 1040     |
| 16th.      | " x.           | " xiv.      | 1038     |
| 17th.      | " ix.          | " xvi.      | 1042     |
| 18th.      | " viii.        | " x.        | 1036     |
| 19th.      | " x.           | " xviii.    | 1038     |
| 20th.      | " ix.          | " xiii.     | 1039     |



| DATE.       | FLUID INGESTA. | URINE.   | DENSITY. |
|-------------|----------------|----------|----------|
| Sept. 21st. | " xiv.         | " xviii. | 1039     |
| 22d.        | " xiv.         | " xviii. | 1034.50  |
| 23d.        | " xvi.         | " xviii. | 1041     |
| 24th.       | " x.           | " xii.   | 1040.50  |
| 25th.       | " v.           | " xii.   | 1046     |
| 26th.       | " ix.          | " xii.   | 1041     |

The urine of the 10th was quite pale, slightly acid, clear, and abounding in sugar.

11th.—Weight, 117 pounds.

13th.—Urine slightly acid, more highly colored than usual, somewhat turbid. Sugar abundant.

14th.—Urine decidedly acid. Yellowish color more marked. Odor faintly urinous. No cough for two days. From this date, one pint of lemonade to be included in his fluid ingesta.

18th.—Weight, 119 pounds.

21st.—Skin moist. Profuse perspiration at night.

24th, 10 $\frac{3}{4}$ , A.M.—Had been walking about and feeling quite as well as usual. Sat down on the bed. Raised first his right hand, then both hands together, with great tremor. Legs extended and stiff. Mouth wide open. Right eye shut; left eye wide open. Pupils directed upwards. Insensible for five or six minutes. This is the account of other patients in the ward. Mr. Lothrop saw him soon after. Found him with dilated pupils; direction normal, but expression vacant. Pulse rapid and quite strong. Profuse perspiration. Answered no questions. Gave him a drachm of wine. 12, M.—Sensible. Perspiration profuse. Skin cool. Has expectorated a drachm of blood. Has no pain, and does not remember the attack of this morning. Pulse 75, full, but soft. Pupils and *hearing* normal. Omit his medicine, and let him have spir. vini. gallici,  $\frac{3}{4}$  ss. every three hours.

25th.—Weights 114 pounds. At 6 $\frac{1}{4}$ , P.M., yesterday, had another fit; reported by the nurse to be like the one in the morning. Was seen by Dr. Lothrop five minutes after. Manner then nearly natural. Answered questions slowly, seeming not readily to understand. Could put out his tongue. Pupils dilated, but influenced by light. Surface warm and moist. Pulse 80, full and soft. No pain.

26th, 12 $\frac{1}{4}$ , P.M.—Has got about  $\frac{3}{4}$  viii. of gin [brought into the ward by some friend], and is drunk and stupid. Perspiring. Pulse 78, full and soft.

27th.—Has perspired very freely. Fluid ingesta, twelve and a half pints. Urine, sixteen pints. Density, 1043.50. Resume medicine.

28th.—Fluid ingesta, nine pints. Urine, twelve pints. Density, 1040. Refuses medicine.

29th.—Still refuses his medicine. Fluid ingesta, six pints. Urine,

seven pints. Density, 1039. The urine is more highly colored than usual, and slightly turbid. Sugar still abundant.

| DATE.       | FLUID INGESTA. | URINE.     | DENSITY.   |
|-------------|----------------|------------|------------|
| Sept. 30th. | Pints, viii.   | Pints, ix. | 1040.50    |
| Oct. 1st.   | " viii.        | " x.       | 1040       |
| 2d.         | " xss.         | " xss.     | 1042       |
| 3d.         | " xi.          | " xii.     | 1040       |
| 4th.        | " xi.          | " xiii.    | 1039       |
| 5th.        | No record.     | No record. | No record. |
| 6th.        | "              | "          | "          |
| 7th.        | "              | "          | "          |

30th.—Urine very yellow. Sugar abundant. Omit all medicine.

Oct. 1st.—Urine pale and slightly turbid. Odor faintly urinous, and decidedly acid. Pulse 84. Perspired freely last night.

2d.—Weight, 116 pounds. Pulse 80. Perspires very freely. Has some cough and purulent sputa.

3d.—Sight and hearing defective. Perspires freely. Appetite good.

6th, 5½, P.M.—Pupils dilated, but influenced by light. Eyes suffused. Mouth drawn to right side. Facial muscles on the right side, convulsed. Face turned to the right. Expression vacant. Right arm and leg relaxed and powerless, dropping heavily when raised. Left arm and leg, when raised, retain their position without support. Surface generally cool. Feet and legs cold. Pulse varies from 75 to 80, full and soft, and again small and weak. Does not answer, nor does he appear to see. Has been in this state one hour. To have stimulants, and heat to feet. 6, P.M.—Much the same. Improved during the next half hour. Has just passed his urine in bed. To have half an ounce each of brandy and water every fifteen minutes during the night.

7th.—Replies when spoken to, but gives the same answer to every question. Expression more natural. Tongue slightly coated. Pulse 64, full and soft. Skin dry. Took breakfast as usual. During night, he passed his urine on the floor. Seems as if half drunk, and probably is. 6, P.M.—Swallows with difficulty. Speaks slowly, apparently from want of control over his tongue. Answers more pertinent. No pain. Appetite ravenous. Skin dry. Pulse 72, full and soft. Continue stimulant.

| DATE.     | FLUID INGESTA. | URINE.     | DENSITY. |
|-----------|----------------|------------|----------|
| Oct. 8th. | Pints, ix.     | Pints, xi. | 1036     |
| 9th.*     | " ixss.        | " xi.      | 1034.50  |
| 10th.     | " x.           | " xiss.    | 1039     |
| 11th.     | " xiss.        | " xii.     | 1039     |
| 12th.     | " xiii.        | " xii.     | 1036     |
| 13th.     | " xiii.        | " xii.     | 1036     |
| 14th.†    | " viii.        | " vii.     | 1037     |
| 15th.     | " xiv.         | " xii.     | 1037     |

\* The nurse reports a general convulsion in the afternoon.

† Weight, 114 pounds.



| DATE.      | FLUID INGESTA. | URINE.                 | DENSITY. |
|------------|----------------|------------------------|----------|
| Oct. 16th. | Pints, ix.     | Pints, xii.            | 1037     |
| 17th.      | " xiv.         | " xiii.                | 1036     |
| 18th.      | " ix.          | " xii.                 | 1040     |
| 19th.*     | " xii.         | " xiii.                | 1036     |
| 20th.      | " xiii.        | " xiii <sup>ss</sup> . | 1036     |
| 21st.      | " x.           | " xi.                  | 1039.50  |
| 22d.       | " xi.          | " xii.                 | 1033     |
| 23d.       | " x.           | " xiss.                | 1038     |
| 24th.      | " xiv.         | " xiii.                | 1034     |
| 25th.      | " xi.          | " xiii.                | 1037.50  |
| 26th.      | " xii.         | " xiv.                 | 1041     |
| 27th.      | " viii.        | " xii.                 | 1040     |
| 28th.      | " ix.          | " xii.                 | 1042     |
| 29th.      | " x.           | " xiv.                 | 1039     |

Oct. 28th.—Weighed 114 pounds.

30th.—Since the last visit, he eloped.

From the 28th of August to the 29th of October, his account is as follows, omitting four days when no record was made of his urine.

Time, 59 days; fluid ingesta, 668 pints; urine, 830½ pints; density, 1038.27.

The greatest amount of fluid taken in one day was eighteen pints on the 28th and 29th of August, the 1st, 5th and 12th of September.

The least amount of fluid was five pints on the 14th and 25th of September.

The largest amount of urine passed was twenty-two pints on the 29th and 31st of August and the 9th of September.

The least amount of urine was seven pints on the 29th of September and the 14th of October.

The mean quantity of fluid ingesta was daily 10.98 pints.

The mean quantity of urine passed daily was 14.07 pints.

Greatest density of urine 1046, on the 25th of September, on which day the fluid ingesta were least in quantity, and the amount of urine twelve pints, being little more than two pints below the average amount.

The least density of the urine, 1033, was on the 22d of October, on which day the fluid ingesta were more than a pint above the average amount, and the amount of urine was more than two pints below the average.

On one day only (Sept. 12th) on which the largest amount of fluid was taken, did the density fall below the average, and on this day, as on the other days when the largest amount of fluid was taken, the amount of urine was nearly double the average.

On one of the two days of the least amount of fluid taken, the density of the urine was below the average; on the other, the density was the greatest. On the first of these days the amount of urine was below, on the other above the average.

\* Weight, 115 pounds.

The least amount of urine was, upon two days, 3.98 pints below the average. On the first of these, the density was less than a degree above the mean; on the second it was more than a degree below the mean.

#### BIOGRAPHICAL SKETCH OF THE LATE DR. JAMES DEANE.

[Communicated for the Boston Medical and Surgical Journal.]

At a regular meeting of the Franklin District Medical Society, held at Orange, July 28th, 1858, several of the members made short addresses and appropriate remarks on the life and character of the late James Deane, M.D., of Greenfield, after which the following resolutions were offered and unanimously adopted.

*Resolved*, That in the death of our late President, Dr. James Deane, a great public calamity has been sustained, which has fallen with especial weight upon this Society, and that we, so lately his associates, have been stricken with deep sorrow at his removal, as by the loss of one of our first members, always distinguished for his faithfulness and efficiency; and yet more, because of the profound respect we entertained for his counsel, the admiration and warm personal regard in which we held his high integrity and his estimable social qualities.

*Resolved*, That his loss, great as it is to us, must be to his family a much deeper and more painful affliction; that we offer our sympathy, not merely in form and compliance with custom, but as sincere mourners with them under a blow which, from their privilege of closer connection, it is their greater affliction to feel.

*Resolved*, That a copy of the above resolutions be forwarded to the Boston Medical and Surgical Journal for publication.

*Resolved*, That a brief sketch of the life and character of the late Dr. Deane be procured for publication in the Boston Medical and Surgical Journal.

In accordance with the above resolutions, I send you them, and also a biographical sketch of Dr. Deane, prepared by Joseph Draper, M.D., of Greenfield. C. M. DUNCAN, M.D., *Sec'y*.

This eminent man is now no more! Called away in the prime of life, and in the height of his usefulness, his death is most sincerely lamented by all who knew and appreciated him. By this event, the medical profession of his own County have lost their most valued counsellor, the suffering community an invaluable friend, science a distinguished votary, and society a most useful citizen; while to his personal friends and devoted family, his loss can never be supplied, and consolation under this severe affliction can be found only in the bright prospect of a happy re-union beyond the grave.

This remarkable man was born in the town of Coleraine, in this County, and was, at the time of his death, but 56 years of age. He was one of a large family of children, and his parents were in but moderate circumstances. Taught early to rely upon himself, to his own persevering and untiring industry is due his subsequently-marked professional success, and the high reputation he enjoyed as a scientific discoverer.



He commenced the study of medicine in the year 1828, and graduated at Columbia College, New York, in 1831. He immediately settled in Greenfield, where he continued to reside until his death.

As a physician and surgeon, his character was such as many may aspire to imitate, but few attain. His practice, small at first, continued yearly to increase, until at the time of his death, his ride was not limited to his own County or State, but his opinion in consultation, or skill in surgery, often called him many miles into the neighboring States of Vermont and New Hampshire as well as into Western Massachusetts. As an operative surgeon, he was particularly distinguished. Having ever in view the welfare of his patient, he aimed not at display, and never compromised his success by any show of dexterity. His calmness and courage never forsook him under the most trying emergencies, and few indeed were the operations in surgery he had not at some time performed.

Ovariectomy, lithotomy and tracheotomy were more than once performed by him, and operations for the removal of the parotid gland, cancer, varicocele, ligation of arteries for aneurism, amputations, &c., were often performed by him with signal success.

In diagnosis he excelled, and his opinion in difficult cases was often demanded. His judgment was justly held in high esteem, and he always manifested the utmost delicacy of feeling, together with spontaneous sympathy.

In personal appearance Dr. Deane was no ordinary man. He stood full six feet high, and was otherwise symmetrically proportioned. His head was of massive size, and every feature beamed with intelligence. He moved with true native dignity, and his manners were those of the true gentleman. No one was ever more unassuming than he; popularity he never courted, and ever regarded quackery with the most thorough contempt. That he had faults we pretend not to deny—all have—but we believe him to have been ever actuated by the purest principles of religion, and the earnest desire to do good to the sick and suffering, wherever he might meet with them. For his social and domestic virtues, Dr. Deane was eminently distinguished.

Fortunate, indeed, were those whom he received under his care as pupils, and whose privilege it was to claim him as their preceptor. In his death they are called to deplore the loss of a most true and disinterested friend and wise counsellor, one who was himself a bright ornament to his profession, who truly loved it, and whom they must ever feel proud to imitate.

As a geologist, Dr. Deane was eminently known, not only here but across the Atlantic.

Until within a few weeks of his death, Dr. Deane enjoyed his accustomed uninterrupted good health. He first complained of headache, accompanied with inaction of the liver and costiveness,

which gradually increased rather than yielded, until he was attacked with fever, which terminated his labors. For the relief of these disorders he was averse to taking medicine, seeming to regard them as of too little importance to require medical treatment; and to the earnest solicitations of his family, who saw him daily growing worse, he frequently replied that "he should feel better when the warm weather came." He continued declining, however, day by day. At evening he would throw himself upon his sofa, as if greatly fatigued, without having labored so hard as might be supposed to account for his weariness, and he would be unable to recall the events of the day.

The last few days preceding his confinement to his room, he was very much pressed by the calls of business, and consequently much deprived of sleep. The advent of acute disease was marked at the outset by delirium and a violent chill. Typhoid symptoms immediately supervened. He was attended during his illness by the neighboring physicians, and visited also by Drs. Bigelow and Bowditch, of Boston. No medicine ever seemed to reach his disease, and there was no effort of the system to rally from the attack. Its progress was steady, and relaxed not its hold, until the strong man, who had so often stood in the chamber of the sick and dying, now lay upon his death-bed. Surrounded by an affectionate and afflicted family, and friends who most deeply and sincerely mourned his departure, the soul of this great and good man took its flight to the world of spirits!

He died a few minutes before 12 o'clock, on the night of the 8th of June.

Dr. Deane was all his life a most zealous student and hard laborer in the field of scientific discovery, and had nearly completed a geological work, to be published by the Smithsonian Institute, the illustrations of which were drawn with his own hand, upon stone, and with astonishing correctness. When published, it will be a valuable contribution to geological science, and forever fix his reputation as the discoverer of the sandstone fossils of the Connecticut Valley.

Considering that Dr. Deane commenced his studies so late in life, and was taken away so early, we cannot but express our surprise that he should have accomplished so much in so short a time. His life, a history of which is embodied in an eulogy, delivered by Dr. Bowditch, August 4th, 1858, before the members of the Franklin District Medical Society, and the citizens of Greenfield and vicinity, will be read with interest by all who knew him, as well as by those who had not the pleasure of a personal acquaintance.



## ON FLUID EXTRACT OF VERATRUM VIRIDE.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are no officinal preparations of the root of the American Hellebore. A formula, however, is found in the United States Dispensatory, for preparing an alcoholic tincture, given as that adopted by Dr. Norwood, of South Carolina, for his tincture. The preparations of this root, for sale in the market, are three—tincture, concentrated tincture and fluid extract. The first is simple and easily made. According to the authority above given, eight ounces of the dried root are to be macerated for two weeks in a pint of alcohol, then strain or filter off the tincture. The concentrated tincture, so labelled, appears to be the common alcoholic tincture, with a portion of the alcohol distilled off.

A number of experiments have been made with this root, with reference to separating the alkaloidal principle, under the supposition that this was the active principle of the plant, and that it would be found identical with veratria from *Veratrum sabadilla*. Although an alkaloid has been repeatedly isolated, it does not appear to be established that it is identical with veratria, and however active this principle may be, it certainly does not possess all the therapeutic power of the root. *Veratrum* yields this principle to water, but the infusion of the root, although containing it, does not possess the activity of the alcoholic tincture. The difference is due to the presence in the latter of a resin, which is yielded by the root to the officinal diluted, or pure alcohol, but not to water alone.

This resin, when pure, is of a dark color, appearing black when in mass, but leaving a brownish stain upon white paper. It forms a light, brownish powder, is sternutatory, acrid to the taste, affecting the mucous membrane of the mouth in a manner similar to aconite. A sample of this resin I send with this paper.

The proximate principles of veratrum root, then, appear to belong to two classes—alkaloidal, soluble in water, and resinous, soluble in alcohol. Generally, plants of this nature will yield to officinal diluted alcohol both classes of principles, and therefore when devising a formula for fluid extract of veratrum viride, I made choice of this menstruum. I tried the following simple experiment

one I am in the habit of trying before finally making choice of a menstruum. Eight ounces of coarsely-ground veratrum root were steeped for forty-eight hours in diluted alcohol, then transferred to a percolator, and diluted alcohol allowed to run through slowly, until the strength was exhausted. The root was then taken out, and dried at a gentle heat. Four ounces of this dried root were then steeped in water, which, upon evaporation, yielded a little inert vegetable matter. The other four ounces, having been steeped in alcohol, gave, upon evaporating the resulting tincture, no appreciable residue, while in the original diluted alcoholic tincture were found the desired principles.

Finding, by experiment, that diluted alcohol extracts the virtues of veratrum viride, I have chosen it as the proper menstruum for making a fluid extract, and propose the following formula: Take of veratrum viride, bruised,  $\mathfrak{z}$  xvi.; diluted alcohol, q. s.; alcohol deodorized,  $\mathfrak{z}$ vi. Macerate the root in diluted alcohol for forty-eight hours, occasionally stirring or loosening up the mass. Transfer to a displacement apparatus, and allow diluted alcohol to run through until the resulting tincture shows by the absence of color, taste and smell, that the strength is exhausted. Evaporate the tincture carefully in a water bath, beginning with the weaker portions first, until the whole measures ten ounces. Lastly, add the alcohol, taking care to re-dissolve any resinous precipitate which may have formed. Should the operator wish the extract sweetened, add, previously to evaporation, three ounces of refined sugar.

As thus prepared, fluid extract of veratrum viride is of a dark brandy color, possessing a peculiar flavor of the root. Each drop is equivalent to a grain of the root. The dose of this preparation, as a sedative, is one drop, to be cautiously increased. Although forming an emulsion with water, showing the presence of resin, it may be given in mixture with it, or with milk, which forms for it an excellent vehicle. I send a sample of the fluid extract here described.

Very respectfully,

HENRY THAYER, M.D.

*Cambridge, August 16th, 1858.*

## FATAL POISONING FROM EATING TOADSTOOLS.

[Communicated for the Boston Medical and Surgical Journal.]

BY J. M. HARLOW, M.D.

MESSRS. EDITORS,—If you regard the following case of sufficient interest to the medical profession to merit a place in your JOURNAL, you are at liberty to make such use of it as you deem best. The history of the case is briefly as follows.

The family of Mr. James Musgrave, an Englishman, consisting of himself, his wife, and two children (a boy aged 10 years, and a girl aged 7), were poisoned on the evening of Tuesday, the 27th ult., by eating fried mushrooms. The result was the death of the two children, and decided symptoms of poisoning in the parents. It appears that the family had been in the habit of eating mushrooms in England, and were not aware that there were many poisonous varieties of the plant. The mother states that she cooked as many as fourteen of them, and that some of them were quite as large as the top of a saucer, and that the most of them were eaten, the children partaking very freely. They were eaten at supper, on Tuesday evening. None of the family experienced any inconvenience in consequence, until some time in the morning of Wednesday, the 28th, when the girl complained of a pain in the occipital region, with dizziness and nausea, and vomited frequently



during the day, but she kept about the house most of the day and passed a tolerable night. Up to this time the other members of the family had not experienced much uneasiness of any kind, excepting some vertigo.

On Thursday, the 29th, all the symptoms before mentioned appeared in an increased degree, to which were added purging, excessive thirst, pain in the stomach and bowels, along the spinal column and in the ankles, with clonic spasms and occasional delirium, incoherent talking and muttering. The little sufferer passed a disturbed night, with, so far as I can learn, about the same symptoms constantly increasing in degree, having lucid intervals and intervals of rest. Toward morning, in the wildness of her delirium, she rose from her bed and walked into the garden. At length, worn out with suffering, she sank into a profound coma, and expired at 1 o'clock on Friday afternoon. No physician was called until Friday forenoon, when Dr. Rhodes, of this city, was invited to see her, but only arrived at the bedside of the unfortunate girl to witness the closing scene.

On Thursday, the father and the boy began to complain. He was obliged to leave his work because of dizziness, and said he felt like an intoxicated person. He vomited, once or twice during the day, had some diarrhœa, and complained of pain in the back of the head, and in the ankles. The mother was similarly affected on Friday morning, but both father and mother, being so interested in the state of the children, thought little of their own condition so long as they were so fully occupied. The boy began to purge on Thursday afternoon, and vomited occasionally during the night, the purging increasing very much on Friday. Dr. Rhodes was requested to examine him. He gave him an emetic of antimon. et potass. tart., which operated freely. The emetic was followed by a cathartic. The boy exhibited nearly the same train of symptoms as the girl from this time until he died—extreme restlessness, thirst, spasms, vomiting, purging and wild delirium. Some time during the latter part of the night Dr. R. gave him a portion of morphia to quiet the restlessness, which was all I was able to learn in regard to the treatment or the progress of the case up to Saturday morning.

The preceding history, imperfect as it is, is all I could obtain from careful inquiries of both the attending physician and the family. At 9½ o'clock, A.M., of Saturday, the 31st, I was requested to visit the afflicted family in consultation with the attending physician. I found the patient in the following apparently hopeless condition. Decubitus upon the back, inclined to left side; skin about the mouth, face, head and neck of a slightly livid hue; the whole surface of the body of normal temperature; patient entirely unconscious; respiration stertorous, and ten per minute; pupil contracted, but the globe of the eye not fixed; tongue dry and swollen; the surface covered with inflamed patches; spasmodic

jerking of the muscles of the extremities, and tonic contraction of the dorsal and lumbar muscles, amounting to decided opisthotonos; abdomen tympanitic; pulse 110 and irregular. Prognosis, unfavorable. Advised, that if proper to do anything in such an extremity, stimulants should be given internally, and the most powerful counter-irritants applied along the spine and over the stomach and abdomen—brandy and milk, by the mouth and by enema, and sulphuric ether; all of which were assiduously applied, but without any good effect whatever, the patient expiring at a few minutes before noon, or in two hours after I saw him.

In conclusion allow me to make one or two remarks. I have little doubt that both these children might have been saved, had rational medical treatment been resorted to sufficiently early. Though there is no antidote that I am aware of, still the indications were sufficiently plain for any one to follow. Probably they used several varieties of the fungi. The specimen shown me by the father, and said to be like those used, resembles the *Agaricus Campestris*, which is said to be innocuous, but I believe it belongs to the section *Amanita*. It is somewhat singular that a poison capable of producing such fatal effects should not manifest itself sooner. The father and mother have both recovered, being but slightly affected. Another singular fact in regard to this genus of plants is, that the edible varieties become poisonous when they grow in low moist situations. It appears that the plant is a powerful irritant and acro-narcotic, and when used in a moderate degree is capable of producing those delightful impressions upon the nervous system so much courted by the debauchee. Pereira informs us that some of the inhabitants of North Eastern Asia use the fungi for producing intoxication, and that the fit of debauch is often prolonged by the subject of it drinking his urine, in a few hours after eating the plant. Also, that the intoxication can be transmitted through five individuals, the second drinking the urine of the first, the third that of the second, and so on.

*Stillwater, Minnesota, August 7th, 1858.*

#### BELLADONNA IN ARRESTING THE SECRETION OF MILK.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the number of your JOURNAL for August 5, I noticed two communications upon the efficacy of the extract of belladonna in arresting the lacteal secretion, which hardly seem to present much positive proof—or at least *such* proof as is usually requisite to establish the efficacy of any drug.

Several months ago, I saw the suggestion in your JOURNAL, and since that time have used the extract of belladonna in four cases; in the first three it gave satisfactory results, but they were mild ones, and there was no reason to suppose that the secretion would



not have been arrested without medical interference. The fourth case was of a different nature, and one well calculated to test the efficiency of the remedy. Two months since, I was consulted by Mrs. F., on account of a "nursing sore mouth," and an inordinate lacteal secretion. I directed her to use a solution of chlorate of potash and saline purgatives, together with the external application of extract of belladonna, and the use of a nourishing diet. This treatment was continued for ten days. At the expiration of this time, as the mouth grew worse, resisting all remedial measures, and as her strength was failing rapidly, I advised the weaning of the child, and continued the use of the belladonna for two weeks longer, without any sensible diminution of the secretion. I then became convinced of the inutility of the drug in the case in question, which was one of well-marked "galactorrhœa."

Of all the cases in which I have used belladonna, the last seemed to be the only one suitable for testing its efficiency—as it is only in cases of such a nature that the aid of a physician is needed. In most cases of nursing women, little or no remedial treatment is required; and in those belladonna may be as efficacious as any other article in the Pharmacopœia, and my experience convinces me that it is no more so.

In the reports of Drs. Seyffarth and Harris there is nothing to show that their cases were those of genuine "galactorrhœa," or would not have yielded to the ordinary remedies; but in the case of Mrs. F., above cited, she had been under the care of a physician in an adjoining town, who had tried all the usual remedies, but without success.

I do not write in the spirit of a medical skeptic, on this point, but simply detail the effect of belladonna in my hands, as it is only by the collection and collation of facts that the science of medicine is to be advanced.

CHAS. H. SPRING, M.D.

*Holyoke, Mass., Aug. 6th, 1858.*

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#### ON THE USE OF THE SPECULUM IN UTERINE DISEASES.

[AN esteemed correspondent, distinguished for his signal devotion to "rational medicine," and whose successful practice demonstrates his faithful appreciation of the combined powers of "Nature and Art in the cure of Disease," desires us to re-publish the following article, cited in *Braithwaite's Retrospect* for July last. Our friend has seen, he says, the abundant evils of the practice it condemns, in his own neighborhood.]

In the last volume of "Medico-Chirurgical Transactions," Dr. Lee published the details of eighty cases in which the speculum and caustic had been employed by other practitioners, which, with 220 cases previously published, make up 300. Upon the use of this instrument he remarks:—

“Of these 300 patients, 47 were unmarried, one had barely completed her eighteenth year; there were several under twenty, and the greater number under thirty years of age, and were suffering from hysteria, leucorrhœa, dysmenorrhœa, or some nervous affection of the uterus, without inflammation, ulceration, or any structural disease, or displacement of the organ. In one case, the patient had been informed that the womb was prolapsed and much ulcerated, and some instrument had been introduced daily for six weeks, by a physician extensively engaged in the treatment of uterine disease, and great expense incurred, with an aggravation of all the symptoms. In this case I found the hymen so perfect that it was impossible to reach the os uteri without employing an unjustifiable degree of violence. On the ground of morality, and on every other ground, the employment of the speculum in these 47 cases could admit of no defence.

“Of these 300 patients, 70 were barren, and the sterility was not removed, nor the hysteria, leucorrhœa, or disordered menstruation, under which the greater number were laboring, in a single instance relieved, or any benefit obtained. The injurious effects of a long course of speculum and caustic treatment upon the moral feelings and character of several of these individuals were not attempted to be concealed, the treatment being spoken of with horror and shame.

“Of these 300 patients, there were a considerable number suffering from cancerous disease of the uterus, in all of which the symptoms were increased by the introduction of the speculum, and the application of caustic or the actual cautery to the ulcerated vagina, and os and cervix uteri. In one case, though the carcinomatous ulceration was in an advanced stage, and the nature of the disease obvious to the most inexperienced, after an examination with the speculum, a false prognosis was given, and iron heated to a white heat in fires of coke, was for months passed through the tube, and delusive hopes of recovery held out to the last, and the pecuniary concerns of the husband involved in irretrievable ruin by the charges, medical and surgical, incurred by such unscientific, unprofessional, and unprincipled proceedings.

“Neither in the living nor the dead body have I ever seen a case of simple ulceration from chronic inflammation of the os or cervix uteri, and to apply the term ulceration to states of the os uteri in which the mucous membrane, or, as it is termed by some, the basement membrane, is not destroyed by ulceration, is an abuse of language calculated only to deceive and mislead the members of the medical profession, from whom the truth has been carefully concealed. The speculum emanated from the syphilitic wards of the hospitals of Paris, and it would have been better for the women of England had its use been confined to those institutions.”



## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JULY 26th.—*Fibrous Tumor of the Stomach.* Dr. C. E. WARE reported the case.

The patient was an Irishwoman, 56 years of age, who came under his care at the Hospital, with symptoms of cardiac and renal disease. She had œdema of the face and lower extremities, the physical signs of effusion into one pleural cavity, œdema of the opposite lung, and extensive dulness over the cardiac region, extending downward and inward. Both sounds of the heart were feeble at the time of entrance at the Hospital, and after five days the first sound was entirely wanting, and there was no murmur and no irregularity in the pulse. The urine was albuminous, and contained casts of tubuli. Excepting a little nausea, which she attributed to the motion of the carriage, on her way to the Hospital, she had no symptoms which could be referred to the stomach, and none had appeared since her entrance. The abdomen was somewhat full, partly from effusion, and partly from tympanitis. A tumor could be felt on the *left side*, on a line with the crest of the ilium, between that and the umbilicus, nodulated and irregular on its surface, and yielding under pressure. It could be traced down deep into the iliac region.

The woman, some years since, had had rheumatism. For eight months her health had been failing. Pain across the region of the kidneys was her principal source of discomfort. For six weeks she had been suffering from dyspnoea, and swelling and pain in the lower extremities. She sank rapidly under the pulmonary effusion, and died.

*Sectio Cadaveris,* by Dr. ELLIS.

The head was not examined.

Universal old adhesions of the pleural surfaces on the right side. False membrane quite œdematous. Old adhesions also near the apex of the left lung. The pleural cavity below contained thirty-six ounces of serum.

Upper lobe of the right lung crepitant but œdematous. In the lower lobe was an apoplectic effusion about an inch and a half in diameter. Below this, the substance for some distance was of a dull-red color and solidified, but did not present the usual appearance of pneumonia. On microscopic examination, the latter portion was found to contain much blood, and many minute globules like those of fat; also a few of the so-called inflammation-corpuscles.

The lower lobe of the left lung, with the exception of the anterior edge, was so compressed that it contained no air. The remainder of the lung was healthy.

The pericardium contained about the usual amount of serum.

General hypertrophy of the heart, most marked in the walls of the left ventricle. Weight  $15\frac{1}{2}$  ounces.

Most of the coagula seen were soft, black, and recent, but the appendix of the right auricle was filled with what appeared to be an older formation. Firmly attached to the anterior wall of the left ventricle was a small, yellow or reddish fibrinous mass, evidently quite old. Examined microscopically, it presented the granular appearance of coagula of some age.

Slight atheromatous disease of the aorta and mitral valve.

The liver was mostly of a dark-yellow color, but in many parts remarkably vascular. The blood, however, was not so distributed as to give to the organ the uniform mottled appearance of the nutmeg-liver, but occupied certain irregular portions only, where it had a somewhat arborescent arrangement. Examined microscopically, the cells appeared to contain many minute, yellow globules, to which the color of the organ was evidently owing. Beneath the upper surface was a small, white, fibroid nodule, between two and three lines in diameter.

The gall-bladder and its contents were not remarkable.

Spleen quite firm and of the usual size.

Each kidney contained a number of serous cysts, the largest about half an inch in diameter. The right was considerably smaller than the left. Weight of the former, 4 oz.; of the latter,  $5\frac{1}{4}$  oz. Beneath the external surface of the left, extending into the substance from the convex edge, was a dense, yellowish substance, like old lymph, perhaps an inch long, and half an inch broad, and rapidly diminishing in size before it reached the tubular portion, which was to some extent involved. Small, detached portions of the same were seen in the neighborhood of the one described, but the whole occupied but a small part of the organ. The limits of the cortical and medullary portions, elsewhere, were not so well defined as usual.

The right kidney was granular internally, and the substance had an unhealthy appearance, difficult to describe.

In the parietes of the stomach, occupying the large curvature and anterior wall, was an exceedingly firm, irregularly-oval, nodulated tumor. A small portion of the external surface was of a yellowish-white color, and had an almost cartilaginous appearance. The mucous membrane of the stomach extended over the part, which projected internally. At several points were cavities, caused by a loss of substance. The largest of these, about half an inch in diameter, contained a brownish slough and extended quite deeply into the tumor. On incision, the growth was found to be very firm, of a whitish color, and presented an indistinct fibrous appearance. Examined microscopically, it proved to be purely fibroid in character.

The mucous membrane of the stomach was everywhere of a bright red color, particularly over the tumor.

The large intestine contained much fæcal matter. The mucous membrane everywhere, but particularly in the cæcum, was deeply injected and even ecchymosed. The blood, however, mostly disappeared on pressure.

The other organs were examined and found healthy.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 26, 1858.

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### THE PRACTICE OF MEDICINE IN THE NINETEENTH CENTURY.

THE practice of medicine in the nineteenth century is a vastly different thing from what it used to be; and the same is true of it in this particular part of the century, as compared with its earlier periods.



Although still an imperfect system, the science has, of late years, grown with a rapidity which has astonished its cultivators, while it has immeasurably benefited humanity. Studies, pushed in every direction which could at all enlarge its domain, have been rewarded in a manner corresponding with the unflagging zeal which instituted and still continues to prosecute them. No longer a routine-system, the elements of sound common-sense and the revelations of Nature's *arcana*, illustrated and applied by Art, have revolutionized the healing of "the ills which flesh is heir to"; and, in many almost desperate cases, the patient survives by the aid of the physician or surgeon, through the blessing of Providence upon their efforts, whereas it was at one time by no means a slanderous accusation to intimate that he lived in spite of them, or even died by their hands!

If there are many discreditable persons who *profess* to practise medicine, and thus injure honest physicians in the estimation of the community—too often not disposed, even when they easily might, to take the time necessary to discriminate between truth and falsehood in respect to remedial measures, and those who apply them—let us not flag nor be discouraged. Let us rather look all the more frequently to the bright examples and dignified bearing of the revered representatives of the profession who have passed away, and with ever increasing regard upon those who are still with us; and seek to bind together the whole band of the good and true men as they don their armor, honoring and cherishing all such until they put it off forever.

A few words to the people at large, in this nineteenth century, are not inappropriate in this connection. You will, all of you, sooner or later, be ill, more or less seriously—this is the acknowledged lot of mortals—you will then seek for somebody, or something, to relieve you; you will either go to the true physician, who, with all his energy and to the best of his constantly-accumulating knowledge, yet without pretension, devotes himself to the care of the sick, or you will be caught by some flaming hand-bill or inflated newspaper-laudation, which everywhere stamp the shameless empiric—you will be discreetly, cautiously, yet resolutely managed and attended, in your invalid state, by the first, or you will swallow oceans of the fluid, and mountains of the solid *nostrums* of the latter—the former endeavors to benefit you, regardless of reward—the latter *works upon you* while your money lasts, or if you are wealthy, whilst you choose to support him in his pretensions. If you see fit to employ the quack, you are, of course, at liberty to do so, and one of two results will follow; viz., you will mercifully be spared, to get through, by force of constitution and God's benevolence, your ignorant experimenter's round of doses—or you will come to your senses, or to your purse's end—and then you will turn in your despair to those, who, had you given them the early, golden opportunity to treat your case—which you threw away upon the quacks and "patent medicines"—would have had an opportunity to relieve you—perhaps to lead you to entire recovery. If, when you do come to them, penniless or not, the task you set them is the more difficult to do, reflect that the fault is *yours*, not theirs, and do not make their labor still more irksome by grumbling, and reviling genuine medical Art. It is honest advice, and you will find your account in it, sooner or later—choose an educated, conscientious physician—one who both fears God and regards man—one

will make himself your friend, and know you in health as well as in sickness—who recognizes the trust you repose in him as sacred—and when you have made your selection, *stick to him*, don't give him up on caprice. It should be a weighty thing which should lead you to discharge from your friendship and service one, who, while such as we have described him, is a *necessity* to you, even if you do not know it.

We lately met with some sentiments *apropos* to this subject in a volume by Henry Morley, Esq., the matter of which was originally published in "Household Words." We wish many of them could be made literally to take the position and have the influence that title implies. We present a few, in illustration.

"The studies connected with the practice of medicine have so much in them of truth and vitality, of real and deep philosophy, that it is impossible for them not more or less to enlarge, strengthen, and at the same time refine the mind." \* \* \* "I have very good reason to know that the profession would shine more than it does, if public ignorance did not eat into it like a rust. \* \* \* "Ladies and gentlemen, you will certainly benefit yourselves, if, when you select your own attendants from the coming race of medical practitioners, you look less to tact and exterior manner, and institute a strict search after skill and merit. Attend, I entreat you, less to the recommendation of your nurses and your neighbors, and prefer rather physicians who have obtained honor among men really qualified to pass a verdict upon their attainments." \* \* \* "Most of the really first-rate medical practitioners, indeed, who have obtained large practices, had manner as well as matter in them, tact as well as talent." \* \* \* "I think there would be more study among pupils, and a great deal less that is disreputable among the practices of surgeons and physicians, if we all knew that the public took some pains to judge us on our own respective merits." So do we.

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#### THE HYPOPHOSPHITES OF LIME, SODA, &c., IN CONSUMPTION.

A CORRESPONDENT writes from Westerly, R. I., for "reliable information" in regard to the use of the hypophosphites of lime, soda and iron in the treatment of phthisical cases. For ourselves, we can say but little in regard to the efficacy of these preparations, on account of the comparatively short time they have been in use. In some half dozen instances, we have thought we perceived a certain amount of improvement whilst the patients were using the medicine. In two cases of threatened phthisis, very marked benefit followed the employment of the hypophosphites; how much is to be attributed to hygienic precautions—as the avoiding of exposure to taking cold, the wearing of proper clothing, and the use of suitable food, &c., it is impossible to say. In these, and a few cases where patients were in the condition popularly known as "run-down," and where the nervous power seemed to need reinforcement—and which we are assured the medicines in question will effect—we have attributed a certain amount of the decided improvement noticed, to their action.

The preparations are, we believe, having a somewhat extended trial—which is what is needed to fully test their qualities. Those who try them, should carefully note their apparent action, or state their inertness—and thus we shall by and by arrive at satisfactory conclusions.

We observe that Dr. Richard Payne Cotton, in a communication to



the *Medical Times and Gazette*, February 13th, 1858 (quoted in *Braithwaite's Retrospect*, Part XXXVII., pp. 74-75—just re-published in this country), comes to the conclusion that the hypophosphites, as recommended by Dr. Churchill, have no specific influence in curing phthisis. "Phosphorus," he remarks, "is a well-known and apparently necessary constituent of all healthy nerve-structure; and in some conditions of low nervous vigor, its medicinal employment may be of great service. We find that it enters largely into the composition of the most nutritive kinds of grains; and we may be quite sure that it is not placed there without a purpose." In another part of the communication, the writer says: "It is very possible that the compound of phosphorus proposed by Dr. Churchill, may in some cases have a tonic and beneficial influence; but to any 'specific' action upon tuberculosis it seems to have no claim."

Within a few days, a medical friend has told us of an instance of incipient phthisis, in which Dr. Churchill's treatment is thought to be working wonders. The relatives of the patient consider it *the* discovery of the age.

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*Treatment of Diarrhœa with Raw or Half-cooked Mutton and Veal.* By M. Pensa.—The following translation, furnished by a correspondent who has frequently favored us with valuable communications, is well worthy of the attention of the profession. We are cognizant of one instance of aggravated dyspepsia, wherein benefit was derived from the use of raw meat. Former communications upon the subject in this JOURNAL, will recur to our readers. The translation is from the *Gazette Médicale de Paris*, June 19th, from the *Gazzetta Medica Italiana* (Toscana).

"A little girl, a year old, was taken with diarrhœa during the cutting of her first molar teeth. The mother, who nursed her, fell sick and was obliged to wean her. At once the diarrhœa was greatly aggravated, accompanied by fever and intense thirst.

"In a few days the diarrhœa changed to dysentery, with very frequent and very painful bloody stools. A variety of anti-diarrhœa medicines were tried without benefit.

"The condition of the child was growing worse, when M. Pensa ordered boluses of raw meat, cut fine, and rolled in powdered sugar, to be given. These boluses were of the size of a filbert, and were given, four or five of them, every four or five hours. The only drink allowed was a little aromatic water.

"The next day the improvement was decided. On the second day there were but two loose stools, without blood. The improvement, in short, was marvellously rapid. At the end of a week the child was well.

"Three other observations, by the same author, made upon adults, testify to the anti-dysenteric property of raw, or nearly raw, meat."

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*Braithwaite's Retrospect.*—We are requested to say that the July number of *Braithwaite's Retrospect of Practical Medicine and Surgery* has been mailed to all the Fellows of the Massachusetts Medical Society who have paid their assessment for the current year. Those who have not paid can receive their number by forwarding the amount to the acting treasurer, Dr. A. A. Watson, Boston.

*Changes in the Hospitals of Paris.*—The death of Baron Phillip Boyer, one of the surgeons of the Hotel Dieu (and son of the great Phillip Boyer), which took place in April last, has given rise to many changes in the surgical service of the hospitals of Paris. M. Robert, the chief surgeon of Beaujon, succeeds to Boyer's place in Hotel Dieu. Malgaigne, Prof. of Operative Surgery in the School, and the surgeon of St. Louis, is now at Beaujon in Robert's place. Richet, a young man of much promise, and for some time the surgeon of St. Antoine, is transferred to Malgaigne's place in St. Louis. Morel-Lavalce, Surgeon of Lourcine, takes Richet's place at St. Antoine. Some of our readers who have had the pleasure of spending some time in Paris in following the service of the above-named gentlemen, will no doubt have many pleasant memories called up in reading this little article.—*Cincinnati Lancet and Observer*.

*Opium Eating.*—Dr. W. H. Myers, of Londonville, Ashland Co., Ohio, is appointed by the Ohio State Medical Society to report upon the *Habit of Opium Eating*, and solicits communications—"upon the number of cases observed—causes leading to excessive use—length of time had recourse to—amount consumed in twenty-four hours—cures effected, if any—treatment pursued. *Queries*, Does it shorten life? Its effects upon moral conduct? Its effects on mental action?—*Idem*.

*Chlorate of Soda as a Substitute for Chlorate of Potash.*—M. Gueneau de Mussy states, in the *Revue Medicale*, that, struck by the solubility of chlorate of potash, he substituted chlorate of soda for it, as the latter salt is much more soluble than the former. The taste of the chlorate of soda is, besides, less disagreeable than that of the other salt, and can also be given in a small quantity of vehicle. M. de Mussy has given the chlorate of soda in several cases of diphtheria with uniform success.—*London Lancet*.

*Death by the Inhalation of Chloroform in Paris.*—A patient who was about to have a testicle removed at the Military Hospital of Gros Caillou at Paris, died a few days ago from the effects of the inhalation of chloroform before the operation was commenced.—*Idem*.

*Corrosive Collodion in Nævus.*—Dr. Cosfield reports, that he had derived great benefit from the employment of this substance (corrosive sublimate one part, and collodion eight parts) in the treatment of nævus. The eschar falls off from the tenth to the fourteenth day, and is not followed by suppuration. No pain is produced, and scarcely any cicatrix is left. For very small nævi one penciling is enough, but in larger ones this has to be repeated; and in these it is best to effect their destruction gradually.—*Berlin Med. Zeitung*.—*Medical Times and Gazette*.

*Health of the City.*—There are 95 deaths recorded for the past week; and of these, the large number of 30 is due to cholera infantum. There were 39 deaths, last year, at the same period, from this disease. A reliable, practical treatise upon this summer scourge, is yet a desideratum. Consumption, as usual, maintains "the even tenor of its way," there being 12 deaths this year to 15 last, during the corresponding weeks. There were 9 deaths more, this week, in 1857 than in 1858 at the same time.

ERRATUM.—In our last issue, page 67, fifteenth line from the bottom, for "keranographic" read *keranographic*.

*Books and Pamphlets Received.*—Human Cestoides. An Essay on the Tape-Worms of Man, &c. &c. By D. F. Weinland, Ph. D.

DIED,—In Somerville, 19th inst., Clifford Dorr, M.D., 52.

*Deaths in Boston* for the week ending Saturday noon, August 21st, 95. Males, 42—Females, 53.—Anæmia, 1—inflammation of the bowels, 2—burns, 1—consumption, 12—convulsions, 4—cholera infantum, 30—cholera morbus, 1—croup, 1—dysentery, 2—diarrhœa, 1—dropsy, 2—dropsy in the head, 7—drowned, 2—infantile diseases, 7—crispelias, 2—bilious fever, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 1—intemperance, 2—inflammation of the lungs, 1—marasmus, 2—measles, 1—old age, 1—sore throat, 1—disease of the spine, 1—stricture of the urethra, 1—thrush, 1—unknown, 2—whooping cough, 2.

Under 5 years, 60—between 5 and 20 years, 3—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 74—Ireland, 16—other places, 5.



THE  
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No. 5.

FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 62.]

*Results.*—In twenty-three examples, the average shortening is about one quarter of an inch; but of these, thirteen are not shortened at all, so that the average of shortening in the remaining ten is three quarters of an inch: the amount of overlapping varying from one quarter of an inch to one inch and a quarter.

In twenty-eight examples, I have twice seen the humerus refuse to unite; once when the fracture was in the lower third of the shaft. This was an oblique, compound fracture, and no union had taken place at the end of five months. The man was intemperate, but in pretty good health.\* In the second case, the fracture had occurred a little below the middle of the bone, and it was simple. Five months after the accident he consulted me, when I found the elbow ankylosed, the forearm being fixed at right angles with the arm.† Neither of these patients had been under my care previously, but I learned that an intelligent Canadian surgeon had treated one of them, and the other had been seen and treated by several surgeons.

In two other cases, the elbow has remained somewhat stiff a long time after the splints were removed; in one case, complete freedom of motion was not restored at the end of fifteen years.

Generally, however, the motions of the elbow-joint have been very soon restored after the removal of the splints and sling.

I ought to mention that, not infrequently, fractures of the shaft of the humerus, and especially where they are occasioned by direct blows, are followed by great swelling, and sometimes by abscesses. In one instance, the fracture having taken place within the insertion of the deltoid muscle, the sharp extremity of the lower fragment was made to penetrate the flesh, causing an abscess, and finally tetanus, of which my patient soon died. A medical

\* Report on Deformities, &c., Case XXXIII.

† Ibid., Case XXI.

gentleman, and a friend of the family, suggested that the bone had not been properly "set," for which omission I ought to be held responsible. But, fortunately for my reputation, the friends had more intelligence than the doctor, and were able to appreciate the difficulty of "setting" a very oblique fracture.

The following remarks of Malgaigne are too pertinent to be omitted in this connection. "When there is great obliquity, with overlapping, or a fracture with splintering, or a multiple fracture, a certain amount of deformity is inevitable, and the formation of callus demands one or two weeks more. With the inflammation comes also the danger of suppuration, and later, a rigidity of the articulations difficult to dissipate. In short, we must not forget that of all fractures, those of the humerus are most liable to fail of consolidation."

On the other hand, we shall find, in the case of this bone, as in all others, some remarkable exceptions, where, although the fracture may be compound, and badly comminuted, yet the limb has been saved and made useful. Ayres, of New York, reports a case of this kind, in which he removed a portion of the shaft, and although the brachial artery was probably obliterated, a good union took place;\* and Walker, of Boston, has noticed two or three similar examples.†

For an account of two remarkable cases of compound fracture of the shaft of the humerus, illustrating the powers of Nature in childhood, in the restoration of broken and comminuted bones, the reader may consult, in the *New York Journal of Medicine* for November, 1849, a paper entitled "Amputations and Compound Fractures," by John O. Stone, Surgeon to Bellevue Hospital. The accidents occurred in children, one of whom was four, and the other six years of age, both of whom recovered useful arms.

*Treatment.*—In the treatment of fractures of that portion of the shaft of the humerus now under consideration, I have preferred generally a broad and thick splint of gutta percha, felt may answer nearly as well, sufficiently long to extend from the neck to the wrist, moulded accurately, and applied to the outside of the shoulder and arm, while the limb is flexed to a right angle, and while extension is being made upon the humerus. This being properly padded, and secured in place by rollers, I place the arm in a sling beside the body. The sling must, however, be so arranged, by being looped under the wrist, and not under the elbow, as that the weight of the elbow and lower part of the arm may aid in making extension. Welch's splint will answer the same purpose; or three narrow splints of different lengths may be used, but I do not find them so convenient as Welch's, or gutta percha applied as I have directed above.

\* Ayres. *New York Journal of Medicine*, January, 1857, p. 24, Third Series, Vol. XI.

† Walker. Essay on Compound Fractures &c. by Wm. J. Walker, of Boston, published in London in 1845.



Other surgeons have sought to make permanent extension in these and certain other fractures of the humerus, by various contrivances. Mr. Lonsdale constructed an instrument which might be lengthened or shortened to suit the case; it was made of steel, and was worked with a screw operating upon cogs in a sliding bar; resembling, in some respects, the arm portion of Jarvis's adjuster. In the second London edition of a series of plates illustrating the action of the muscles in producing displacement in fractures, by S. W. Hind, is a drawing of an apparatus invented by the author for the same purpose, which is very simple, and in some respects more complete than Lonsdale's, and which may be easily adapted to almost any form of arm-splint. Indeed, nothing more is necessary than to attach to the ordinary long splint a movable crutch.

I believe that all these contrivances may prove occasionally useful, but the common experience of surgeons has shown how difficult it is to accomplish much extension by means of pressure in the axilla; a mode, too, which I think must be wholly inadmissible when the fracture approaches the upper end, since the pressure by the crutch-head upon the pectoralis major and latissimus dorsi, which constitute the margins of the axilla, must tend to displace the fragments upon which they act, inwardly, and which seldom can be applied with much force to fractures near the condyles, on account of the probable existence of inflammation and swelling about the joint.

Malgaigne, when speaking of the apparatus of Lonsdale, remarks: "But the surgeon should never lose sight of the fact that permanent extension is a resource always dangerous, often useless, and which demands in its application much caution and watchfulness."

The following example will illustrate the practical difficulty of employing permanent extension in fractures of the humerus.

A laborer, aged 30, was admitted into the Buffalo Hospital of the Sisters of Charity, on the second day of October, 1853, with a simple, oblique fracture of the humerus, which had occurred three days before. The fracture was situated within the insertion of the deltoid, and having been produced by the rolling of a log upon the arm, the whole limb was much swollen. The night following his admission, in a fit of delirium tremens, he removed all of the dressings. When I visited the wards in the morning, I found the fragments displaced and the muscles contracting violently. The ordinary dressings were applied, and continued until the fifth day, when, as the delirium had not ceased, and the muscles continued to contract with great violence, it was determined to attempt permanent extension. For this purpose we lifted the elbow upward and outward to relax the deltoid, and then having made extension with the forearm placed at a right angle with the arm, we fitted carefully a large gutta percha splint to the forearm, arm, axilla and side, in such a manner that when the splint was secured to these several

parts, the arm could not fall to the side of the body completely, and in proportion as it did fall downward, it would make extension upon the arm. This splint was well padded, and secured in place with rollers.

On the sixth day the delirium had ceased, and never returned. The dressings were well in place, and seemed to accomplish the indication we had in view; but, on the seventh day, although he had kept very quiet, everything was disarranged, and the whole had to be re-adjusted. On the eighth and ninth, the same thing occurred. During this time we had varied the dressings, position, &c., each day, to meet, if possible, the difficulties, but it was at length deemed unwise to pursue the attempt any farther, and we returned to the use of the ordinary splints, laying the arm against the side of the body. The union was finally completed without either overlapping or angular displacement.

Something may always be accomplished when the patient is walking about, by allowing the elbow to escape from the sling, so that its weight shall make constant traction upon the lower fragment; and the plan which I suggested some years since, of treating certain cases of delayed union of the humerus, namely: extending the arm at full length by the side of the body, so that the lower fragment shall receive the whole weight of the forearm and hand, might occasionally prove valuable in recent fractures where the tendency to override was very great. In two instances, I have already put this plan sufficiently to the test to determine its safety and utility.

The precise plan, and my reasons for its adoption in cases of delayed union, were set forth in the following paper, read before our city Association, and published in the *Buffalo Medical Journal* for August, 1854.

“It has been observed by surgeons, that non-union results more frequently after fractures of the shaft of the humerus, than after fractures of the shaft of any other bone. This observation is confirmed by my own researches.

“Comparing the humerus with the femur, between which, above all others, the circumstances of form, situation, &c., are most nearly parallel, and in both of which non-union is said to be relatively frequent, I find that of forty-nine fractures of the humerus, four occurred through the surgical neck, twelve through the condyles, and twenty-nine through the shaft. In one of the twenty-nine, the patient survived the accident only a few days. In four of the remaining twenty-eight, union had not occurred after the lapse of six months, and in many more it was delayed beyond the usual time. Two of the four were simple fractures, and occurred near the middle of the humerus; the third was compound, and occurred near the middle also; the fourth was compound, and occurred near the condyles.

“This analysis supplies me, therefore, with four cases of non-



union, from a table of twenty-eight cases of fractures through the shaft.

“Of eighty-seven fractures of the femur, twenty occurred through the neck, one through the trochanter major, and one through the condyles. The remaining sixty-five occurred through the shaft, and generally near the middle, and not in one case was the union delayed beyond six months.

“To make the comparison more complete, I must add that of the twenty-eight fractures of the shaft of the humerus, six were compound; and of the sixty-five fractures of the shaft of the femur, six were either compound, comminuted, or both compound and comminuted. The six compound fractures of the shaft of the humerus furnished two cases of non-union. The six cases of either compound or comminuted, or compound and comminuted fractures of the femur, furnished no case of non-union.

“I beg to suggest to the Society what seems to me to be the true explanation of these facts.

“It is the universal practice, so far as I know, in dressing fractures of the humerus, to place the forearm at a right angle with the arm. Within a few days, and, generally, I think, within a few hours, after the arm and forearm are placed in this position, a rigidity of the muscles and other structures has ensued, and to such a degree that if the splints and sling are completely removed, the elbow will remain flexed and firm; nor will it be easy to straighten it. A temporary false ankylosis has occurred, and instead of motion at the elbow-joint, when the forearm is attempted to be straightened upon the arm, there is only motion at the seat of fracture. It will thus happen that every upward and downward movement of the forearm will inflict motion upon the fracture, and inasmuch as the elbow has become the pivot, the motion at the upper end of the lower fragment will be the greater in proportion to the distance of the fracture from the elbow-joint.

“No doubt it is intended that the dressings shall prevent all motion of the forearm upon the arm; but I fear that they cannot always be made to do this. I believe it is never done when the dressing is made without angular splints, nor is it by any means certain that it will be accomplished when such splints are used. The weight of the forearm is such, when placed at a right angle with the arm, and encumbered with splints and bandages, that even when supported by a sling, it settles heavily forward, and compels the arm-dressings to loosen themselves from the arm in front of the point of fracture, and to indent themselves in the skin and flesh behind. By these means the upper end of the lower fragment is tilted forward. If the forearm should continue to drag upon the sling, nothing but a permanent forward displacement would probably result. The bones might unite, yet with a deformity.

“But the weight of the forearm under these circumstances is

not uniform, nor do I see how it can be made so. It is to the sling that we must trust mainly to accomplish this important indication. But you have all noticed that the tension or relaxation of the sling depends upon the attitude of the body, whether standing or sitting—upon the erection or inclination of the head—upon the motions of the shoulders, and in no inconsiderable degree upon the actions of respiration. Nor does the patient himself cease to add to these conditions by lifting the forearm with his opposite hand whenever provoked to it by a sense of fatigue.

“This difficulty of maintaining quiet apposition of the fragments while the arm is in this position, at whatever point it may be broken, becomes more and more serious as we depart from the elbow-joint, and would be at its maximum at the upper end of the humerus, were it not that here a mass of muscles, investing and adhering to the bone, in some measure obviates the difficulty. Its true maximum is therefore near the middle, where there is less muscular investment, and where, on the one hand, the fracture is sufficiently remote from the pivot or fulcrum to have the motion of the upper end of the lower fragment multiplied through a long arm; while, on the other hand, it is sufficiently near the arm-pit and shoulder to prevent the upper portion of the splint and arm-dressings from obtaining a secure grasp upon the lower end of the upper fragment.

“It must not be overlooked that the motion of which we speak belongs exclusively to the lower fragment, and that it is always in the same plane forward and backward; but especially that it is not a motion upon the fracture as upon a pivot, but a motion of one fragment to and from its fellow. This circumstance I regard as important to a right appreciation of the difficulty. Motion, alone, I am fully convinced, does not so often prevent union as surgeons have generally believed. It is exceedingly rare to see a case of non-union of the clavicle. Of forty-seven cases of fracture of the clavicle which have come under my observation, and in by far the greater majority of which considerable overlapping and consequent deformity resulted—of this number only one has resulted in non-union, and in this instance no treatment whatever was practised, but from the time of the accident the patient continued to labor in the fields and hold the plough as if nothing had occurred. I have, therefore, seen no case of non-union of the clavicle where a surgeon has treated the accident. Indeed, what is most remarkable, its union is more speedy, usually, than that of any other bone in the body, of the same size. Yet to prevent motion of the fragments in a case of fractured clavicle with complete separation and displacement, except where the fracture is near one of the extremities of the bone, I have always found wholly impracticable. Whatever bandages or apparatus I have applied, I have still seen always that the fragments would move freely upon each other at each act of inspiration and expiration, and at almost every motion of the head,



body or upper extremities. It is probable, gentlemen, that you have made the same observation.

“From this and many similar facts, I have been led to suspect, for a long time, that motion has had less to do with non-union than was generally believed.

“I find, however, no difficulty in reconciling this suspicion with my doctrine in reference to the case in question; and it is precisely because, as I have already explained, the motion, in case of a fractured humerus, dressed in the usual manner, is peculiar.

“In a fracture of the clavicle through its middle third (its usual situation), the motion is upon the point of the fracture as upon a pivot; although, therefore, the motion is almost incessant, it does not essentially, if at all, disturb the adhesive process. The same is true in nearly all other fractures. The fragments move only upon themselves, and not to and from each other. I know of no complete exception but in the case now under consideration.

“Aside from any speculation, the facts are easily verified by a personal examination of the patients during the first or second week of treatment, or at any time before union has occurred, both in fractures of the humerus and clavicle. The latter is always sufficiently exposed to permit you to see what occurs, and as soon as the swelling has a little subsided in the former case, you will have no difficulty in feeling the motion outside of the dressings, or, perhaps, in introducing the finger under the dressings sufficiently far to reach the point of fracture. I believe you will not fail to recognize the difference in the motion between the two cases. Such, gentlemen, is the explanation which I wish to offer for the relative frequency of this very serious accident—non-union of the humerus.

“I know of no other circumstance or condition in which this bone is peculiar, and which, therefore, might be invoked as an explanation. Overlapping of the bones, the reason assigned by some writers, is not sufficient, since it is not peculiar.

“The same occurs much oftener, and to a much greater extent, in fractures of the femur, and equally as often in fractures of the clavicle, yet in neither case are these results so frequent. Nor can it be due to the action of the deltoid, or of any other particular muscles about the arm, whether the fracture be below or above their insertions, since similar muscles, with similar attachments, on the femur and on the clavicle, tending always powerfully to the separation of the fragments, occasion only deformity, but not non-union.

“If I am correct in my views, we shall be able sometimes to consummate union of a fractured humerus where it is delayed, by straightening the forearm upon the arm, and confining them to this position. A straight splint, extending from the top of the shoulder to the hand, made of some firm but moulding material, and made fast with rollers, will secure the requisite immobility to the frac-

ture. The weight of the forearm and hand will only tend to keep the fragments in place, and if the splint and bandages are sufficiently tight, the motion occasioned by swinging the hand and forearm will be conveyed almost entirely to the shoulder-joint. Very little motion, indeed, can in this posture be communicated to the fragments, and what little is thus communicated, is a motion which experience has elsewhere shown not disturbing or pernicious, but a motion only upon the ends of the fragments, as upon a pivot.

### VERATRUM VIRIDE.

BY JAMES B. COLEGROVE, M.D., SARDINIA, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

THIS article, which has been so recently, and yet quite extensively introduced amongst the profession, and which, as an arterial sedative, seems likely to become a desideratum, judging from the high encomiums bestowed upon it, is nevertheless a *poison*, and whatever virtues it may possess when administered to children, it should, I think, be given with the greatest caution. It is in inflammatory affections of the respiratory organs that it exhibits its qualities in so effectual and happy a manner; and it is equally injurious and dangerous in all diseases where there is much tendency to emesis. I have never succeeded with this remedy in any degree in enteritis or peritonitis, nor would I attempt its employment in gastritis, or inflammation of the brain, or any of its appendages. Its indiscriminate use in all inflammations would be likely to lead to the most disastrous results. Again, I conceive that there are certain nervous idiosyncrasies which forbid its use, requiring the nicest discrimination on the part of the physician.

CASE.—A. B., a girl, 9 years old, on February 18th, 1858, was seized, at 9, P.M., with severe rigors, followed by fever, thirst, headache and pain in the left lung. I was summoned on the morning of the 20th, and found the condition of the little patient as follows: Pulse 140; tongue covered with a white coat; respiration painful; intense fever, which appeared in occasional flushes, followed by "sinking spells"; a racking cough, and bloody expectoration. The above symptoms of pneumonia were confirmed by auscultation.

*Treatment.*—*Veratrum viride* (Norwood's tincture) in doses of two drops, in a teaspoonful of water, once in three hours, with directions to increase the quantity *one drop* at every subsequent dose, unless vomiting occurred, in which event, the quantity to be given should be lessened one half. I also directed the application of tepid water, containing a solution of supercarbonate of soda, to the surface of the body every third hour, and fifteen drops of sweet spirits of nitre every third hour.

Evening.—Patient exceedingly restless. Pulse 144. Three



doses of *veratrum viride* have been given (nine drops). Expectoration unchanged. Other symptoms are the same as in the morning. Treatment to be continued, and three grains of Dover's powder to be given at 10 o'clock.

Feb. 21st, 9 o'clock, A.M.—The mother of the child has been considerably alarmed by the appearance of the patient. At intervals of two hours, she said, the child would become frantic and wholly unmanageable; her language was incoherent, and she finally became nearly or quite insensible. Thrice this has occurred during the night. The symptoms this morning are unchanged, except that the face is pallid, the lips compressed, and the eyes wide open and glaring. Four doses of *veratrum viride* have been given (sixteen drops). I directed the nurse not to increase the dose above this quantity. Now, the patient has taken seven doses of the *veratrum viride*, in all twenty-five drops, in twenty-four hours, with no amelioration of her condition. The haggard expression of her countenance, and the unusual symptoms which have sufficed to create alarm in the mind of the mother, are undoubtedly due to the medicine. No vomiting has yet taken place. Shall I continue the *veratrum*? or shall I discontinue its use and resort to the lancet? After considerable consultation, I concluded to increase the dose one drop, and try it twelve hours longer. Treatment otherwise unchanged.

12 o'clock, noon.—The unusual interest which I have felt in this case induced me to make another visit after the expiration of three hours. Two doses, of five drops each, of *veratrum viride* have been given. I should have mentioned that I noticed a slight dilatation of the pupils this morning. Now, this dilatation is increased. The whole expression of the eyes and countenance is wild and unnatural; breathing hurried and difficult; lips white; mouth firmly closed; subsultus tendinum; patient starts up wildly, and screams as if deranged; pulse 160; skin dry, but without much heat; she refuses the caresses of her mother, whom she does not recognize. I resolved to continue the *veratrum viride* six hours longer, and, in case there should be no improvement, to discontinue it altogether. I have frequently given the medicine, but have never witnessed like results before. Dose, five drops once in two hours. A Dover's powder of three grains to be given during the first interim.

9 o'clock, P.M.—Immediately after the Dover's powder had been swallowed, copious vomiting ensued, since when the patient has slept. I found her now sleeping quietly; pulse 96; skin moist and cool; breathing natural and easy. From this period the patient was convalescent.

Had I not commenced the use of this powerful drug, I think after witnessing the effect produced upon the child, I should have withheld it and employed the lancet, which, with calomel and antimony, is generally sufficient to restore the worst cases of pneumo-

nia. As it was, the result was favorable, yet the ordeal was truly fearful. I will not detain the reader with further remarks upon this case.

I have used the veratrum since the first of January last, in thirty cases of inflammation, and, with some exceptions, I regard it as a safe remedy in the hands of a careful physician. But I do not think it safe at all when given *ad libitum*, or in the hands of nurses. On the contrary, its effects should be constantly and carefully watched, and by the physician himself. Its powers as an arterial sedative have not been over-rated. It possesses alterative qualities, also, which are by no means inconsiderable.

#### SUTURE OF THE EXTENSOR TENDONS OF THE FINGERS, WITH A CASE OF CURE BY THIS TREATMENT.

BY M. MOURGUE.

[Translated from the *Gazette Médicale*, May 15th, 1858, for the Boston Med. and Surg. Journal.]

SUTURE of the small tendons, like the extensors and flexors of the fingers, is a triumph of modern surgery; and the happy results which have followed its use have given it a place among legitimate operations. The case of M. Mourgue adds another instance of success to those already recorded.

CASE.—A maker of wooden shoes received on the back of his left hand, on the 10th of December, a blow of a hatchet, which divided the extensor tendons of the fore and middle finger at the metacarpo-phalagian joint. The lower ends presented at the wound, but the upper were retracted beneath the skin to the extent of nearly an inch. An incision carried up to the ends of the retracted tendons, allowed them to be seized by forceps and pierced by a needle armed with a waxed thread; this needle was then passed through the corresponding ends of the tendons below, and they were thus brought into contact with those above, and tied. The external wound was also closed with sutures. The hand was extended on a wide, flat splint, and the wound covered with a linen bandage spread with cerate, and compresses wet with cold water.

12th.—There is considerable swelling of the wrist and great redness; it is necessary to remove the sutures from the wound. In a few days, the inflammation subsided.

20th.—The wound, which is open, but free from redness and inflammation, is in good condition. The edges were brought together with sticking-plaster.

The ligatures of the tendons came away on the 24th and 26th; the external wounds cicatrized at once. On the 8th of January, the splint was dispensed with.

Jan. 22d.—The man has resumed his work, the fingers having gradually recovered their strength and mobility, and having complete power of extension and flexion. In a word, the suture of



the extensor tendons has been attended with all the success which could be desired. A.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION. BY ROBERT WARE, M.D., SECRETARY.

APRIL 19th, 1858.—*Cases of Lead-Poisoning.* Dr. BOWDITCH mentioned a series of cases of lead-poisoning, which occurred in the country. The resident physician, under whose charge they were, stated that before being called to them he had heard that one child had died of supposed marasmus. On visiting them, he found one of the children much wasted and debilitated, without any very distinct symptoms, and he attributed its condition to the miserable poverty of the family. Shortly after, and during his attendance upon this child, another of the family was taken ill with symptoms of lead colic, and on examination he found the blue line well marked upon the gums of the whole family. In a few days, wrist-drop occurred in the last-mentioned patient. The water used by the family was examined, and found to contain a large quantity of lead. During his attendance, all the members of the family were more or less affected—some have had colic, others wrist-drop, and there has been more of an effect upon the mind than is usually observed, some of the family having become semi-idiotic. Other families had used the same water without any bad results. Dr. Bowditch said that the attending physician had promised him a more detailed account of these cases.

MAY 3d.—*Scarlatina a Second Time.* Dr. C. D. HOMANS reported three cases occurring in children of one family. The three children had scarlatina in February last, the disease being well marked, with accompanying sore throat, swollen glands, &c. Three weeks ago, the oldest child, a boy of 6 years, had a similar attack, and then the other two had the disease even more severely than when they first suffered from it.

MAY 17th.—*Idiopathic Tetanus.* Dr. S. A. GREEN reported a case of tetanus, occurring without apparent adequate cause. The patient, an Irish laborer, took off his winter flannels on Saturday, and worked all day in his shirt sleeves without any feeling of chilliness. Saturday, he drank lager beer in considerable quantity. Yesterday (Sunday) morning, he began to have symptoms of tetanus. These increased in violence during the day; and, when seen this morning, his condition was sufficiently marked, and he died about 5, P.M. In reply to questions from several members, Dr. Green stated that the spasmodic action began about the mouth and temporal muscles, that there was a good deal about the larynx, and that opisthotonos occurred. The attacks of spasm came on every few minutes, even without any jarring of the body; the mind was not affected; there was at no time any relaxation about the muscles of the jaw, so that he was wholly unable to open his mouth, and liquids were introduced through a hole worn by his pipe-stem in the teeth. He was able to swallow in the intervals of the more severe convulsions. Death occurred by asphyxia. No wound of any description was found.

Dr. STEVENS spoke of the very slight causes which sometimes produce tetanus, and mentioned that he once saw a case where it followed a stroke of a whip lash.

JUNE 7th.—*Vomiting and Purpura during Pregnancy.* Dr. BUCKINGHAM stated the case.

The patient was 37 years of age, and pregnant with her first child, expecting to be confined on or about the 21st of May. Dr. B. saw her April 1st. She had had an attack of flowing before he saw her, but he could not state at what period of her pregnancy this had occurred. He learned that she had been vomiting almost constantly for several weeks, and had become much prostrated. The night before his visit, she had had a sudden gush of blood from the vagina; there had been no recurrence of this hæmorrhage, and no examination was made. April 29th, Dr. Buckingham saw her again. She had been, in the meantime, under the charge of another physician, a relative. She was very feeble, with a sallow, waxy look; her feet and hands were considerably swollen, and there were large patches of purpura upon the legs and arms, on the forearms especially, which looked as if they had been severely bruised. There were spots of purpura upon the tongue; she had vomited blood at various times, and had had bleeding from the nose and gums, and bloody dejections. The stomach had borne no solid food for some time. Dr. Buckingham advised the induction of premature labor, stating, however, that he did not think she would live through it. April 30th, at 10, A.M., an examination was made, and no evidence of placental presentation was found. The membranes were separated by sweeping a catheter round between them and the os. Dr. B. saw the patient again in the evening, and remained with her through the night. By 5½, A.M., she had had pretty regular pains for about an hour, and the os was dilated to the size of a dollar; by 10, dilatation was complete, and the head was entering the cavity of the pelvis. The pains continued regularly, and with considerable force, till about 12, M., when the head was in the vagina. She then had a large passage of blood from the rectum, and, during the few following pains, considerable bleeding from the uterus. As the pains were diminishing in force, the forceps were at once sent for, but, before they could be applied, she sank and died without being delivered. The child was taken away at once, but all efforts to make it breathe were unavailing; it exhibited no signs of life at all, though it was alive fifteen minutes before its birth. It appeared healthy, well nourished, and showed no marks of purpura. Dr. Buckingham said he supposed that the woman's emotion on learning that instruments were to be used, caused her to faint, and that she was too much exhausted to be roused.

Dr. CABOT asked what means had been employed to relieve the purpura, saying that he thought the question of the propriety of inducing premature labor in such a case depended upon what had been done, or attempted, by means of medicine.

Dr. Buckingham could not state positively what had been done—the patient was not under his care till the day the labor was brought on—but, it was his impression that all the ordinary means had been used in vain, perhaps with less than the usual effect, in consequence of the state of the stomach, which rejected everything.

*Delirium Tremens from drinking Ale.* Dr. DICKINSON said that he had reported, some time ago, a case of delirium tremens caused by



drinking ale. Since that time, the same individual has had a second attack from the same cause. Opiates were used pretty thoroughly, but without very satisfactory results.

Dr. Cabot brought up the question of the treatment of delirium tremens. He said that he relied chiefly upon opiates and stimulants, with as much nourishing food as the patient will take. At one time he had used no opiates, but latterly had gone back to them, though still doubtful if they are of benefit. He had seen no advantage from the internal use of chloroform, even when given in drachm doses. Inhalation of ether required the constant and prolonged attendance of the physician, but he should use it in any case when convulsions occurred. The worst case he had ever seen which was not fatal, was in a young man who in one night drank nearly a decanter of brandy and a vial of McMunn's elixir of opium, all of which was retained. When Dr. Cabot saw him, early in the morning, he was in severe tetanic convulsions, with opisthotonos and emprosthotonos; the pulse was hardly perceptible, and it seemed as if he must necessarily die. Pure sulphuric ether had no effect upon the convulsions. A mixture of two parts of ether with one of chloroform was then used, and the patient at once became quieter, and the pulse fuller. Inhalation was kept up till natural sleep occurred, and in ten days the patient was well.

Dr. Buckingham said that in the cases of delirium tremens treated in the hospital at South Boston, during his residence there, nothing was given except some wormwood or valerian tea. The best treatment, so far as his own experience went, was acetate of morphia, in extract of valerian, washed down with whiskey and eggs in pretty large doses. He had never seen a fatal case of pure delirium tremens.

Dr. Cabot said he had never seen a fatal result, where there was no complication, except in one case, in which sleep had followed the use of ether, and the patient seemed likely to do well, there being merely a slight cough, for which a pill containing a small quantity of antimony had been given with relief. Dr. Cabot was hurriedly sent for, in the middle of the day, and found the patient in a state of collapse, like a person dying of cholera—blue, cold and pulseless. He died in the course of an hour. Dr. C. had had a case which began like delirium tremens, and ended in a form of apoplexy.

Dr. Osgood said that tartar emetic had been used by some English physician during the stage of violent excitement in delirium tremens, with, by his own account, very considerable success.

Dr. Cabot considered all cases as caused by the re-action following the use of stimulants, and he should suppose that antimony would tend to increase this nervous depression.

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### **Bibliographical Notices.**

*Anatomy of the Placenta.* By JOHN C. DALTON, M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons of New York. From the American Medical Monthly, July, 1858.

THIS is a statement of the results of certain investigations undertaken by Prof. Dalton "to demonstrate, by positive evidence, some

points in the anatomy of the placenta which are still in dispute," more particularly with regard to the nature of the vascular connection between the placenta and the uterus. The method pursued in these cases is clearly set forth in the following extract :

"If we take the uterus of a woman who has died undelivered at the full term, or thereabouts, and open it in such a way as not to wound the placenta, this organ will be seen remaining attached to the uterine surface, with all its vascular connections complete. Let the fœtus now be removed by dividing the umbilical cord, and the uterus, with the placenta attached, placed under water with its internal surface uppermost. We then see the fœtal surface of the placenta formed by the chorion, and covered still by the thin and transparent amnion. The amnion should next be removed, which can readily be done by gently detaching it from the surface of the chorion. If the end of a blow-pipe be now introduced into one of the divided vessels of the muscular walls of the uterus, and air forced in by gentle insufflation, we can easily inflate, first the venous sinuses of the uterus itself, and next the deeper portions of the placenta; and, lastly, the bubbles of air insinuate themselves everywhere between the fœtal tufts, and appear in the most superficial portions of the placenta, immediately underneath the transparent chorion. If the chorion be now divided at any point by an incision, passing merely through its own thickness, the air, which was confined beneath it in the placental sinuses, will escape, and rise in bubbles to the surface of the water. Such an experiment shows conclusively that the placental sinuses communicate freely with the uterine vessels, occupy the entire thickness of the placenta, and are equally extensive with the tufts of the fœtal chorion.

"It is unnecessary to say that none of the air thus injected finds its way into the umbilical vessels.

"I have now had the opportunity of doing this experiment with the results just described, on four different occasions since 1853. The first two cases occurred at Bellevue Hospital, in patients who had died of acute disease in the last stages of pregnancy. The third case was of a woman who died undelivered, owing to hæmorrhage from placenta prævia, at the end of the seventh month. The fourth was that of a woman who died of puerperal convulsions at the full term. The examinations were made at different times, in the presence of Dr. C. R. Gilman, Dr. Geo. T. Elliott, Dr. Henry B. Sands, Dr. F. J. Bumstead, Dr. Wm. H. Draper, Dr. Henry D. Noyes, Dr. T. C. Finnell, and Dr. J. W. S. Gouley, all of whom, I believe, were satisfied in every respect with the result of the experiment, and convinced of the existence of the placental sinuses, and of their free communication with the vessels of the uterus."

The conclusion he arrives at is as follows :

"The placenta, accordingly, is a double organ, formed partly by the chorion and partly by the decidua; and consisting of maternal and fœtal vessels, inextricably entangled and united with each other."

The reputation of Dr. Dalton for accuracy of investigation is so well established, that we are willing to accept, without a moment's question, the facts observed. But when we reflect upon the diametrically different results arrived at by others, holding high positions as observers and physiologists, when different methods of research have been employed, we feel that his conclusions yet must bear the test of time. It seems impossible that any other conclusion than the one he draws, from his investigations, can be arrived at; but so many apparent solutions of difficult and intricate questions in physiology have been from time to time proclaimed, which after a while have been disproved, that all that can be properly said of this or any other kindred essay is that it must take its place, and stand or fall as the investigations of others may corroborate or invalidate its conclusions.

W. R.



*A Practical Treatise on the Causes, Symptoms and Treatment of Spermatorrhœa.* By M. LALLEMAND. Translated by HENRY J. McDOUGALL, M.R.C.S. Third American Edition. Philadelphia: Blanchard & Lea.

OF M. Lallemand's contribution to science on the subject of spermatorrhœa we need scarcely speak, so widely known is it to the profession. We must however remark, that while we award him all the praise which his industry and patient investigation of disease so truly merit, we cannot fail to condemn the spirit of exaggeration which so strongly characterizes the work in question. At the time of the first publication of M. Lallemand's treatise on spermatorrhœa, this was a comparatively new subject, and one which had not been the particular object of study, although the works of Hunter and others contained much that was valuable upon it. On this account, therefore, we may perhaps be inclined to overlook the enthusiasm and zeal with which the ex-professor at Montpellier entered upon this unexplored field. The views advanced by M. Lallemand, and especially his mode of treatment, have now become, however, most essentially modified by more recent inquiries in the same direction, and we cannot regard him any longer as *the* authority upon this affection.

The little treatise of Mr. Wilson, which is appended to this new edition of M. Lallemand's work, is well worthy of perusal. He has arranged the subject in a methodical and scientific manner. His chapter on treatment we can particularly recommend.

We are glad to see that the reluctance which has been so long shown by the profession to enter upon the consideration of an affection which in itself presents so few attractions, is passing away. The true physician cannot hesitate to regard with sympathy, and to relieve, by every means in his power, the sufferings of his brother man, whether such are the result of folly or otherwise.

The volume before us, we are sorry to say, presents that want of taste in the selection of the size, paper and print, which as decidedly marks many of our medical publications. Why cannot we copy the workmanship, as well as the contents, of the English books? S.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 2, 1858.

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### THE PRESENT ASPECT OF THE PROFESSION OF MEDICINE.

ONE of the most momentous decisions which a young man just out of college will ever have to make, is that which will link him with his calling in life. There is often a rashness in choosing this, which occasions subsequent bitter regret; and again, there is an ill-judged influence brought to bear, by parents or friends, which sometimes places an individual in a position for which he is neither fitted by taste nor acquirements. Too much care can hardly be exercised in the choice of a pursuit for life; and, whilst this is universally true, it is, perhaps, particularly so in regard to the profession of medicine. Many rush into it without due appreciation of its duties, responsibilities and difficulties—while others, admirably suited to practise it, are deterred by

wrong views, or prejudiced against it by interested persons. The first class are over-bold, the last are either too modest, or else do not realize the fact that the pursuit has its rewards as well as its toils and discouragements. It is well, then, to know what aspirants for its honors and candidates for its duties may expect.

Travelling by railway lately, in the vicinity of one of our best and oldest colleges, we could not avoid hearing the somewhat loud conversation between two young men, evidently about to graduate from the institution. "The world was all before them," and they were debating "where to choose." The various occupations of life were duly canvassed, and sentence of approval or condemnation passed upon each in succession. When the profession of medicine was placed at the bar, we confess to having felt a tremor about the heart, and an anxiety to know its doom. It was summarily dismissed, somewhat in the following terms:—"Medicine! no, I'll have nothing to do with it. I should be afraid to attempt *that* for a living—the study is all well enough, but there's too much humbug afloat in the world about the practice—people haven't confidence enough—and there are so many quacks!" Alas—there is too much truth in some of these words. There *are* quacks—within and without our ranks—we are sorry to be obliged to admit both these propositions, side by side—but who will dispute them? Yet, for all this, we can fearlessly and honestly say, not only to the above fearful youth, but to all around us—lay and professional—there is nothing in the present aspect of the medical profession to dishearten either those who are fighting their way honorably under its banners, nor such as are thinking of making it the occupation of their choice. What matters it if there are impostors in large numbers all around us, and even within our camp? Not only is there the more need of vigilance and courage, but a close observation will show that these qualities are in existence, and growing daily. Are there traitors. So there are in every army. Washington had them in his—Napoleon in his—they were very different men, it is true—but they did not fail in their campaigns. There are difficulties and temporary trials and vexations, and heartburnings in our work, as there were in theirs—and sometimes wounds are received, worse than the ugly gun-shot stroke—but how could it be otherwise? He is but a "weak vessel," who will shirk duty because it involves difficulties, responsibilities, trials, and even disappointments. Suppose the Atlantic Telegraph Expedition had been abandoned, because the cable broke so many times?—it would, perhaps, have been a natural, but how disastrous a result. Perseverance in doing our duty, when we are convinced what it is, is the life of every occupation; and no man is fit for any business, who intends to allow himself to be buried under the first, or the hundredth avalanche of counter-influences and untoward events. So we advise all students to pause before they enter the profession of medicine, or any other; and if they are afraid to encounter the natural and inevitable obstacles which they see attached to all mortal occupations—they had better not make the trial. "Humbug" they will find; they will also, no doubt, discover that physicians do not grow rich with rapidity—indeed, almost never—but then they can ignore humbug, generally, rebuke it when necessity arises for so doing, and, if they choose the right places wherein to exercise their knowledge, and have the proper share of industry, together with even a moderate amount of ability, they will get "a living."



Besides, the study and practice of medicine and surgery have their bright side—and when we can see that, it is best not to look too long at the other. The study itself is deeply interesting—fascinating, even; and few things can more truly compensate the hard-working practitioner, than the knowledge that he has often relieved pain, and saved, or at least prolonged life. It is a high privilege, indeed, to be the agent of the Almighty in such dispensations.

Let those, then, who think of practising as physicians and surgeons, deliberately count the cost—but let them have no fear, when once embarked in active professional life, that they who work faithfully, act uprightly, and truly honor their profession, will ever fail of their reward.

#### THE SPECULUM IN UTERINE DISEASE.

HAVING quoted, in our last issue, at the request of a correspondent, Dr. Robert Lee's opinions in reference to the use of the speculum in the diagnosis and treatment of uterine diseases, we think we ought to present certain remarks relative to them, which appear in the *British and Foreign Medico-Chirurgical Review* for July, 1858. These comments are made upon the article above referred to, and which is contained in the fortieth volume of the "Medico-Chirurgical Transactions," 1857; they are as follows:—

"Dr. Lee is well known as a most determined opponent of the use of the speculum-vaginæ for any affection whatsoever. In a previous volume of the 'Medico-Chirurgical Transactions,' he has published a collection of 220 cases in which the speculum and caustic had been employed by other practitioners; and we have now the details of 80 more, making, in all, the overwhelming number of 300. Dr. Lee argues, with his usual energy, that in all these cases the introduction of the speculum was unnecessary, injurious, or immoral. 'The speculum,' (he says) 'emanated from the syphilitic wards of the hospitals of Paris, and it would have been better for the women of England had its use been confined to those institutions!' We quite agree with Dr. Lee that the speculum is an instrument which has been, and is, much abused; but we cannot go along with him in his sweeping denunciations against it, or believe that it is not at times of great service. Cases may be collected and used in such a way, as to prove or disprove any method of practice either in medicine or surgery; and when we examine Dr. Lee's great array of cases, we cannot avoid the impression that he must have been led away, however unwittingly, by a foregone conclusion. He would have conferred a much greater boon upon the profession by accurately defining these classes of symptoms, which alone might justify the practitioner in employing the speculum."

We think the reviewer is judicious in his criticism. Because an instrument, or a mode of treatment, may be abused, it does not follow that therefore it must never be used. The proper employment of the speculum-vaginæ is often indisputably necessary; and whilst we believe that it has been recklessly and unwarrantably employed—and often for long periods of time—we would not have it unjustly decried, nor hastily proscribed. In the hands of the conscientious and well-informed practitioner, it is often of inestimable advantage.

Velpeau and West, it is well known, have expressed themselves very positively against the too indiscriminate use of the speculum. The former says—"This instrument is far too frequently used, and leads to errors in diagnosis; it can at best only tell us the tint of the os uteri, and even the knowledge of this is often of no use whatever. The finger is far more useful; by it we can make out ulcerations,

granulations, fungosities, and the consistence of the cervix. Young practitioners should get accustomed to make their diagnosis by digital examination alone. (Vide *Braithwaite's Retrospect*, Part 37, July, 1858.)

With all due deference to such authority, we hazard the opinion that it is, *occasionally*, not only desirable, but imperatively requisite that the cervix should be seen as well as felt.

The remarks of West, we think, are admirable, and so fully meet the requirements of the subject, that we quote them in full.

"To answer the broad question, 'What is your opinion of the speculum?' I feel, on the other hand, to be a very difficult matter, and to expose me to much risk of being misunderstood.

"I will, however, do my best to reply to the inquiry. Those who first introduced the speculum into practice, employed it for two purposes; partly as furnishing a new means of diagnosis, partly as enabling them to adopt various modes of local treatment, which, without it, were impracticable. Now I believe that the advantages of those topical medications for which the speculum is needed, have been greatly overrated; though there are some cases, and those such as have proved most rebellious under other plans of treatment, in which these local measures may be resorted to with the most signal advantage.

"In estimating the value of the speculum as a means of diagnosis, I think that the advances in knowledge of uterine disease, of which it was the indirect occasion, by the impulse which it gave to their study, are sometimes confounded with those positive additions to our information, which we owe exclusively to the use of that instrument. The former have been very great indeed, and I think candor compels us to acknowledge that they have been due almost exclusively to persons who, not content with our previous means of investigating uterine disease, have labored to increase them by the employment of instruments. The latter have certainly been less considerable, but nevertheless the speculum enables us in many instances to decide at once, and with certainty, upon the nature of a case, which otherwise we should have understood only after long and careful watching, to discover some minute polypus which the fingers alone would not have detected, to determine the source of a profuse leucorrhœal discharge, and to decide whether it is furnished by the cavity of the womb, or the walls of the vagina; or, from the redness, congestion or abrasion of the os uteri, to infer the state of the womb generally, and thus to conduct our treatment upon the sure ground of positive observation, not upon bare presumptions. At the same time, however, that I hold the speculum to be in many cases of most essential service, I think that the endeavor of all of us should be to ascertain the minimum of frequency with which its employment is necessary. This is to be done not by deerying the instrument, still less by attributing dishonest motives to those who use it, but by soberly and honestly trying to test the value of the information which we derive from it, and learning to discriminate between those appearances which the speculum discloses that are of moment, and such as are of no importance."

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#### PHOTOGRAPHY AS AN AID TO MEDICINE.

WE referred, some time since, to the advantages to be derived from the art of photography in presenting to the surgeon the means of judging of a patient's case, and deciding whether he may be prescribed for at a distance or whether he should come to the practitioner and be treated, or finally, it may be added, whether his case is one to be undertaken at all. Deformities were the class of ailments to which we had reference in our former article, and the photographic representations of certain orthopædic patients sent to Dr. J. B. Brown, of this city, and showing the progress of cure, were those particularly in question. We observe, in a recent number of the London *Lancet* (July 17, 1858), that attention is called, editorially, to "Pathological



Photography"; and we cannot but think the project must more and more enlist the attention of practitioners. Medical gentlemen who report cases at the meetings of our various societies, should, as often as it is available, follow the good examples already frequently set, of furnishing a daguerreotype view of the patient who presents a tumor or some other striking deformity. A history of the disease is thus begun, to which constant additions may easily be made, and the results of treatment or the ravages of unconquerable disorder shown, and kept for the future information, no less of the one who manages the case, than of the profession at large. Thus, also, may a fac-simile be preserved of internal parts exhibiting the marks of disease.

The *Lancet* thinks that the profession is very slow to recognize this easy and valuable aid in the study of pathology and the practice of our art—and that the same is true of many other adjuvants, which are too often either wholly repudiated or reluctantly accepted, merely because they are new and lack the *prestige* of age and the endorsement of extended authority. The editor remarks :—

"Photography has not fulfilled a tithe of the indications of which it is capable. The artist is but half inclined to admit that it can be an assistance to him; the architect does not invoke its aid as often as he should; the astronomer and microscopist do not, as a general rule, believe that it can be brought to usefully illustrate their respective sciences; and the surgeon employs it but very seldom, and then only to delineate some case of extraordinary deformity or unusual interest. We have been furnished with a proof of its applicability to anatomy by our French neighbors. Some time since there were at Clamart some stereoscopic views of regional anatomy. We now learn from *La Lumiere* that some admirable representations of lymphatic vessels have been produced, and that M. Nelaton has attached to La Clinique a photographic artist, whose special duty it is to preserve representations of cases before and after operation, thus providing a record of each interesting case, which will be hereafter useful, not only as a means of reference, but of instruction.

"It is easy to imagine how this idea can be extended in its application to almost every branch of the profession. It would preserve accurate delineations of any anatomical abnormalities met with in the dissecting-room; it would provide an invaluable record of success or failure in the treatment of deformities; stereoscopic views of the chest in health and disease would be very interesting; in fact, its more extended application would be fraught with great interest to both physician and surgeon, whether they had recourse to it in the ward, the operating-theatre, or the dissecting-room."

In common with our eminently practical and valuable English contemporary, we would express the hope that our hospitals and similar institutions may have photographers attached to them, in like manner as they now have microscopists, pathological anatomists, chemists, &c. As the writer we have quoted continues :—"how important and valuable a note-book or museum catalogue would become, if illustrated by photographs taken from patients during the time they were under inspection!"

May we not reasonably expect to see arrangements of this description set on foot in our excellent medical institutions, whose managers are always ready to adopt whatever is of real advantage in carrying out the object for which every hospital is founded and sustained?

*Dr. Weinland's Essay on Human Cestoides.*—We have received a copy of this admirable essay from the author. A notice of the work, from the pen of a physician of this city well qualified to do it justice, will appear in our next. We trust the author will find sufficient encouragement to induce him to carry out the plan he has commenced.

*Dr. Mott's Surgical Museum.*—Professor Mott, of New York, has lately published a catalogue of his Museum. The collection is composed chiefly of parts removed from the living body during his numerous operations, and comprises more than a thousand specimens. It may be found at the Fourteenth Street Medical College, and is free to the public.—*New York Times*.

*On the Medicinal Use of Sugar.* By Dr. F. J. BEHREND and Dr. SIEBER.—The authors recommend the medicinal use of sugar as a curative means of great value in diarrhoea and several other affections of children, and they relate two cases of diarrhoea—one in a child aged three years, and another in a child aged four years—in which half an ounce of powdered white sugar, given every hour, soon gave a favorable turn to symptoms of extreme gravity, which had long resisted all the ordinary means of cure. Other evidence is promised, and we wait for this before forming an opinion; but we are quite prepared to agree with the authors in thinking that there are many conditions of diarrhoea, particularly those in which there is a putrefactive tendency in the alvine secretions, where sugar will in all probability prove a most valuable remedy.—*Ranking's Abstract*.

*Tears containing Sugar from a Case of Diabetes.*—Dr. GIBB showed to the Pathological Society (May 18) some tears shed by a young married lady, aged 21, the mother of one child, who has had diabetes for two years since the child was weaned. They contained a large amount of sugar, as contrasted with that in an equal bulk of her urine, which was of the specific gravity of 1043. An evaporated drop of the tears on a piece of glass gave a much thicker and more opaque crust than was yielded by a drop of the urine.—*Medical Times and Gazette*.

Dr. Lyon Playfair has been elected Professor of Chemistry in the University of Edinburgh.—The Emperor of the French has bestowed on Dr. Des Brulais, the surgeon of the *Regina Caeli*, a pension of 1800 francs, for his services on a late occasion as medical officer to the above-named vessel.—Dr. Meadows has been elected physician-accoucheur, and Mr. William Bird surgeon, to the St. George's and St. James's Dispensary.—During the year ending Sept. 29th, 1857, 423,421 persons were vaccinated by the public vaccinators in England and Wales; of these, 411,268 were successful cases.—Dr. Livingstone has started inland from Cape Town, and is probably now at Zambesi. He seems to be in excellent health and spirits, and the new explorations are commencing under extremely favorable circumstances.—At the late Meath assizes, Mary Moran was indicted for the manslaughter of a child by illegally inoculating it with small-pox. She was found guilty, and sentenced to three months' imprisonment.—*London Lancet*.

*Health of the City.*—The mortality tables present the unusual coincidence of precisely the same number of deaths for the past week, both in 1857 and 1858, viz., 103. There is, moreover, a near approach to the number of deaths from cholera infantum, there having been 28 in 1857, to 26 last week. This disease still outstrips the other recorded fatal maladies, but there is a diminution of 4 from the deaths by it during the previous week. The parallelism above noticed seems to pervade all the disorders of these particular corresponding weeks of 1857 and 1858. Thus, in 1857 there were 15 deaths by consumption, this year 12; and 5 deaths each week from inflammation of the lungs. Whooping cough has 5 victims last week to 2 at the same period in 1857.

*Communications Received.*—Chronic Meningitis.—Use of Belladonna in arresting the Lacteal Secretion.—The Adaptability of the Climate of California to Phthisical Patients.

*Books and Pamphlets Received.*—The Uramic Convulsions of Pregnancy, Parturition and Childbed. By Dr. Carl R. Braun.—On Medicine and Medical Education. By W. T. Gairdner, M.D.—Tilden and Company's Book of Formule.

*Deaths in Boston* for the week ending Saturday noon, August 28th, 103. Males, 49—Females, 54.—Inflammation of the bowels, 2—inflammation of the brain, 1—disease of the brain, 1—consumption, 12—convulsions, 2—cholera infantum, 26—croup, 2—dysentery, 4—dropsy, 3—dropsy in the head, 6—drowned, 1—debility, 1—infantile diseases, 10—puerperal, 1—scarlet fever, 1—typhoid fever, 1—hemorrhage, 1—disease of the hip, 1—homicide, 1—inflammation of the lungs, 5—disease of the liver, 1—marasmus, 3—measles, 2—old age, 2—palsy, 1—pleurisy, 1—scrofula, 1—teething, 2—thrush, 1—unknown, 2—whooping cough, 5.

Under 5 years, 73—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 5. Born in the United States, 33—Ireland, 14—other places, 6.



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## DR. UPHAM'S ILLUSTRATIONS OF TYPHUS FEVER.

[Concluded from page 31.]

I WILL only allude, in conclusion, to some of the chief characteristics of the symptoms and pathology of typhus. Among these, the suddenness of the attack—the early and great prostration—the rash—the dusky hue and sensitiveness and peculiar odor of the surface—the passive engorgement—the tendency to muscular and nervous agitation and freedom from important local derangements—and, after death, the early accession and brief duration of cadaveric rigidity—speedy decomposition—general fluidity of the blood, but otherwise absence of any considerable lesions, are peculiar and essential.

In the cases I have previously detailed, and which may be regarded as models of the disease in its varying forms of severity, the accession of the fever was invariably sudden, preceded by only a day or two of trifling ailment, and accompanied uniformly by anorexia, rigors, nausea (often with vomiting), pains, hot skin, depression and headache. The depression is an early and almost constant attendant; the strength soon becomes exhausted, the mind and memory confused, and the spirits despondent. The exhaustion increases, till, in the acme of the disease, the powers are completely overwhelmed. If, now, in the excitement of delirium, some almost superhuman feats of strength are exhibited, this unnatural exaltation is followed by utter prostration and death. The headache, which is usually intense at the outset, gradually subsides, and after seven or eight days disappears.\* The hot skin prevails till the twelfth or fourteenth day, and is often excessive. It is also peculiar, dry, burning and pungent to the feel. "It utterly wants," says Corrigan, "the slightest approach to that soft feeling that is

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\* According to the observations of Jenner, the headache ceases on from the seventh to the tenth day; and if not before, almost invariably as soon as delirium commences. He further says, "this is a point of great practical importance, for if headache is voluntarily complained of by the patient, or if even declared to be severe in answer to the question of the physician, after delirium has commenced, strong suspicions, to say the least, of inflammatory action within the cranium should be entertained, and remedies adopted with that view of the case; while headache, before delirium has commenced, is in itself not the slightest proof of increased vascular action within the cranial cavity."

often conveyed even from skin much hotter. The sensation is like that received when the hand is laid on the side of a hot-air stove, and probably arises from its quickly robbing the hand of its moisture."

On the fifth or sixth day, the characteristic rash appears. I have seen it oftenest on the fifth. Speaking on this point, says Dr. Jenner, whose clear and accurate description is better than any I can give, "the eruption at first consists of numerous, roundish, slightly elevated, dusky pink spots, effaceble on pressure by the finger, quickly resuming their color, however, when the finger is removed; on the second or third day after their appearance, these spots, instead of being effaced, merely fade, i. e., grow paler on pressure. At the same time with the spots referred to, there is present a much paler rash, which appears to be seen through the cuticle, as if the spots composing it were, as the vulgar saying is, 'not well out.' The latter is the *subcuticular rash*—the whole eruption, the *mulberry rash*. The eruption grows darker in hue, the centre of many of the spots toward the termination of the second week are unaffected by pressure, and here and there are to be seen spots with well-defined outlines quite unalterable in appearance by the firmest pressure of the fingers, i. e., true petechiæ. On the posterior surface of the trunk, the spots are much darker and less affected by pressure than on the anterior surface. Miliary vesicles or sudaminæ are sometimes observed about the end of the second week, usually in the groins, at the epigastrium, and under the clavicles. Toward the termination of the disease, if it proves fatal (from the twelfth to the twentieth day), the spots are scarcely or not at all affected by pressure, especially on the abdomen. After death, on the surface of the trunk and extremities are found the remains of the spots noted during life. If a portion of the skin is removed and examined with a lens, the persistence of the spots, which faded or grew paler on pressure, is found to be due to the staining of the surface of the cutis; while the whole of that texture, and even the subcutaneous tissue, is dyed deep purple in those spots which were unaffected by pressure during life." If, instead of death, the disease terminates in recovery, the fading and disappearance of the spots is coincident with commencing convalescence. According to my own observations, the first signs of approaching spots are an indistinct and faint but peculiar mottling blush of the surface, resembling the commencing congestion of a mild case of roseola, seen often as early as the third day upon the arms, shoulders and upper parts of the chest, by attention to which the appearance of the characteristic eruption may be predicted with certainty.\*

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\* This early mottled and roseate appearance of the skin was seen and described by the writer in the epidemic of 1847-48. It was then deemed important, in a diagnostic point of view, as heralding the advent of the distinguishing eruption of typhus. It differs from the *subcuticular* rash of Jenner, and might, with justice, be termed the *preliminary or roseate rash*, forming, perhaps, with the "distinct spots" (also adopted in the nomenclature of Jenner), yet a third division of the typhus rashes. •



The dusky face and fuliginous hue of the body is a common accompaniment of typhus. It is noticeable early, and deepens as the disease proceeds. It varies, however, in intensity, in different habits and temperaments. Conjoined with this, and bearing an appreciable relation to its intensity, is the marked and pungent emanation from the general surface, which has been variously described as mousey, nauseous, mawkish, ammoniacal, &c.; furnishing to another sense a testimony of the peculiar and specific nature of the malady.

A muscular unsteadiness also is early apparent. There is a tremulousness of the hands and of the tongue. Later, these involuntary movements become marked. At first perceptible only in the twitching of the tendons at the wrists, they may presently involve the arms, shoulders, neck, face and trunk; the prognosis is grave in proportion to their extent and intensity. The acme of this deranged muscular action is spasm and convulsions, which are almost invariably fatal.

That there is essential nervous and cerebro-spinal derangement is manifested also by the general sensitiveness of the surface, and the excited respiratory and cerebral action. Delirium, in greater or less degree, is an almost constant concomitant. It is not infrequently accompanied by the wakefulness and excitement and busy activity of delirium tremens, which it sometimes closely resembles. In this condition the patient becomes wild and unmanageable. More often, the early somnolence is attended by muttering and talking, a state which passes gradually into stupor and coma—the patient lying prostrate and utterly unconscious. The respiration is peculiarly affected. The breathing becomes quick and laborious—or is impeded and interrupted, often amounting in frequency to 50 or even 60 in a minute. And yet there is remarkable freedom from any important structural disease. The diagnostic marks of cerebral inflammation are wanting. Auscultation and percussion fail to detect any adequate abnormal signs in the chest. The abdomen is natural in appearance, and free from any considerable tenderness or tympanitis.\* The stools are somewhat relaxed, but the bowels are regular and easy in their action. Neither the stomach, the liver nor the kidneys give evidence of any organic disturbance. There is a tendency to passive engorgements or congestions only. The posterior surface of the trunk is discolored—the skin congested—the spots darker, and a disposition to sloughing is there manifested. Evidence of this general congestion may also be obtained in the posterior and depending portions of the lungs by the stethoscope.

And the most careful *post-mortem* inspection will fail to discover

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\* In some uncomplicated cases the patient will shrink from the first slight touch of the abdomen, but will bear the subsequent pressure. This is owing, no doubt, to the general sensitiveness of the surface already alluded to, and which is often extreme. A want of consideration on this point might easily lead to a belief that the intestines were in fault.

any adequate structural changes. The body is much discolored externally—the under surface especially. The spots that existed during life remain. There is but little emaciation. The rigor mortis comes on early, and quickly disappears. Decomposition speedily ensues.\* There is some congestion of the membranes of the brain, often intense, especially at its base; and the serosity beneath the arachnoid, in the ventricles and at the base, is somewhat increased. The substance of both the gray and the white matter is mostly natural in consistency—the bloody points which exude on section, darker and more numerous. The lungs, in their posterior and depending portions, are engorged; but this is mainly mechanical, dependent, like the discoloration of the under surface of the body, upon position. The lining membrane of the bronchia is stained—more rarely injected, but otherwise natural. The walls of the heart, as also the substance of the liver, pancreas, kidneys and spleen,† are flabby. The intestines are normal, except occasionally slight congestions of the mucous coat along the lower portions of the ileum. The glands are not affected. The internal lining membrane of the stomach, especially at its cardiac extremity, is frequently softened. But the blood throughout the body is fluid, disorganized, dissolved and sizzly. It readily infiltrates the loose textures, and stains the membranes with which it comes in contact. The usual clots found in the heart are loose and easily broken. In the sinuses and large vessels of the brain, it is dark, thin, and non-coagulated. It is the blood alone that is evident to be essentially and vitally diseased.

*Complications.*—What has hitherto been said, refers to typhus in its simple unalloyed state. But complications may arise at any time during the progress of the disease, affecting very materially its aspect, its duration, termination and subsequent pathological developments. These, however, are the accidents of typhus, and are in no ways to be confounded with its essential nature. From a want of sufficient discrimination in this particular, I believe that many of the differences noted by observers during its progress, and the inconsistencies in the records of its pathology, are to be attributed. Thus if meningitis, or bronchitis, pneumonia, gastritis, or intestinal irritation and inflammation, supervene in a patient already prostrate with fever, these may, in themselves, prove a sufficient cause of fatality, and would leave their own distinctive marks at death. Especially is this a fruitful source of error in cases which are brought into the hospital in a moribund condition, and of whose previous history it is impossible to gain a rational account.

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\* Hence an early examination of the body is important, that the alterations produced by disease be not confounded with those of cadaveric change.

† Dr. Jenner says of this organ, "It varies somewhat in its state, according to the age of the subject; before 45 or 50, it is usually much enlarged—after that age it is still often enlarged, but not so decidedly so as in the earlier period of life. Softening appears to follow the reverse order, as it is softer in aged than in young subjects."



Among the affections which often supervene, are erysipelas, and inflammation and suppuration of the parotid glands. Pneumonia and gastritis are not infrequent complications. Severe and extensive sloughing of the parts pressed upon is a common and distressing concomitant. But "it would be impossible," says Corrigan, "to allude to all the complications of fever. They may include nearly all the local diseases to which the body is liable, and demand the constant and watchful attention of the physician."

Among the *sequelæ* which are common to typhus in Great Britain, Dr. Corrigan mentions inflammation of the lymphatics of either upper or lower extremities, which sometimes prevails epidemically, producing painful, suffused, red surfaces, and abscesses of considerable size, with corresponding high irritative fever. This affection, he continues, may be of every degree of intensity; and its effect on the constitution of the patient, worn out with the fever, is very trying. He recommends the removal of the patient, as soon as possible, to a pure country air, and a treatment of tonics and alteratives. Adhesive phlebitis is sometimes a troublesome sequela, affecting most frequently the inguinal and femoral veins. It is annoying, says Corrigan, not only in its immediate consequences, but in its after results—the leg and thigh frequently remaining enlarged for weeks after recovery, and varicose veins then succeeding and continuing for life. Its first approach should therefore be carefully watched, the patient confined at once to the horizontal position, the groin leeches, the limb elevated and treated by mercurial inunction, fomentations, bandaging, &c. Jaundice is also occasionally observed as a sequela of fever.

It does not appear that the peculiar and intractable intestinal affection (described by the writer in a series of papers published in the Boston Medical and Surgical Journal in 1848), and which proved so frequent and fatal a sequela to typhus in the epidemic at South Boston and Deer Island, has been noticed as holding the same connection with the fever in Great Britain. At any rate, if observed, it has not as yet claimed the attention which its importance as a sequela of the disease on this side of the Atlantic deservedly demands.\*

It is not in accordance with my present object to more than touch, in passing, upon the pathology of the fever in question; and I have elsewhere described, with some minuteness, the *therapeutical* management adopted in the epidemic of ten years since. The

\* In the Report of the London Fever Hospital for 1847, it is remarked that, "in the unusually wet weather that prevailed in the summer and autumn of the preceding year, diarrhoea occurred in almost every case, and in the aged and debilitated rapidly destroyed life; it was the principal cause of the mortality in August, the deaths in that month being as high as 1 in 34." But these facts are only incidentally mentioned in the report, without any intimation as to whether it was regarded as a sequela of the fever.

A distinguished Dublin authority has detailed, in his published Lectures on Typhus, an instance of severe and fatal intestinal disease occurring during *convalescence*, which he has adduced as an example of typhoid fever, or dothinerteritis, supervening on typhus; but which, in the mind of the writer, from both its symptoms and pathology, is clearly a case of the *secondary intestinal affection*—the sequela of typhus above mentioned.

preceding delineations have shown the typhus of Great Britain to be identically the same with that which raged along our shores in 1847-48. Adynamia is there, as it was here, the chief element of the disease, requiring for its management the adoption of the same principles of treatment. Yet such management is the farthest possible remove from a senseless and empirical routine. And I cannot more appropriately close this imperfect sketch of typhus fever in Great Britain, than by an extract bearing on this point, from the works of the eminent observer and writer I have so often quoted in the course of these papers. Says Dr. Jenner: "In no disease is the advantage of refraining from meddling more clearly displayed than in typhus fever. In no disease is the prompt use of powerful remedies more clearly indicated than in typhus fever. It is in determining when to act, and when to do nothing, that the skill of the physician as a curer of disease, or, rather, with reference to fever as an averter of death, is shown. Interfere, bleed or stimulate, when nothing should be done, and the patient, but for you safe, is lost. Refrain from depletion, or withhold wine, when the one or the other is required, and the patient sinks into that grave from which a judicious treatment might have saved him."

#### BELLADONNA IN ARRESTING THE LACTEAL SECRETION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you the result of my experience in the use of belladonna to arrest the secretion of milk, which drug I was induced to make trial of for that purpose by an article in Part XXXIV. of *Braithwaite's Retrospect*, reported by R. H. Godden, Physician to St. Thomas's Hospital.

My experience is limited to three cases, in all of which I was highly gratified with the result. They do not, of course, any more than the cases already reported, *settle* the question of its efficiency in suppressing the lacteal secretion; yet I cannot but think that, although it may not be found a specific for that purpose, it will prove, on further trial by the profession, a valuable adjuvant to this end.

CASE I.—Mrs. B., fifth confinement. The child, a fine and apparently healthy boy, died at the end of the third day, from retention of urine. The secretion of milk occurred within twenty-four or thirty-six hours from birth, and as little was taken by the child, great pains were used to keep the breasts free with the pump and other means, but with little success; they soon became tumid, hard, painful and tender. I then applied the tincture of belladonna (officinal strength) to the areolæ with a feather; in a few hours the pain and tenderness were relieved, the tumefaction subsided, and at the end of thirty-six hours all trouble was at an end. No



further secretion of milk occurred. The belladonna was applied but three times. A slight nausea was perceived on the application of the tincture, which was relieved by a few spoonfuls of decoction of serpentaria.

CASE II.—Mrs. M., first child; premature birth; stillborn. The secretion of milk commenced before confinement, and spontaneously passed away; but now it was more copious, and notwithstanding the use of the pump and the mouth of the nurse, the breasts became full, hard, painful, &c., but on the application of the belladonna, the secretion soon seemed to cease, the tumefaction and soreness subsided, and in a day or two all was right.

CASE III.—Mrs. B., third child. The lacteal secretion duly occurred; but though the child was robust and nursed well, little or no milk could be obtained from the left breast. It will be proper to state here, that during the previous nursing, the patient had severe milk abscesses of this breast, which were, unwisely, permitted to break of their own accord, by which, probably, some injury was done to the lacteal tubes. Mrs. B. was now very anxious lest she should experience “such a time” as she had on the previous occasion, and earnestly wished, if anything could prevent it, to have it done. After all reasonable effort had been made to abstract the milk, and to relieve the tumefaction and pain, by fomentations, &c., without avail, and the hardness and tenderness continuing to increase, I made free application of the belladonna, both to the areola and the hardest portions of the breast. Relief was soon experienced; the swelling and pain subsided, though induration of portions of the breast continued some time longer. These were removed by a plaster of diachylon, softened with a little olive oil. This plaster, I would say, I have used some fifteen years for these lacteal indurations, and with uniform success. There has been no return of the secretion of milk in this breast, though the other furnishes a full supply for the child. There was nausea experienced after the application of the drug, as in Case I., which was also relieved by the serpentaria.

In all these cases other remedies were used, but with little or no apparent effect, and the speedy relief following the use of the belladonna, satisfied the patients, at least, of its efficacy; and the last patient, especially, was *delighted* with the result, having before suffered so much with “broken breast,” and now seeing before her a prospect of another similar siege. These cases might possibly have terminated favorably if they had been left to the resources of nature, as your correspondent in to-day’s JOURNAL supposed his might; but I much doubt it, and I more doubt if they would have terminated so speedily. But the remedy is a simple one, and easy to be tried, and every physician has opportunities enough to test it, so that its virtues will doubtless soon be fully proved.

A. D. BACON.

*Sharon, Ms., Aug. 26th, 1858.*

## CHRONIC MENINGITIS.

BY P. PINEO, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case was one of some interest in this locality, on account of its long continuance and the somewhat different diagnoses given. The patient was seen at different times by Drs. E. R. Peaslee, Dixie Crosby, and Phelps, of the Medical Department of Dartmouth College, and by other physicians in this vicinity.

The patient, C. P., aged 19 years, was attacked with typhoid pneumonia in the latter part of October, 1857. He had been in poor health for nearly two years, having suffered from derangement of the stomach and liver. A little excitement would produce discomfort. He had complained of his head very much, and was disposed to lie down often during the day, "to rest it." The pneumonia passed away, and apparent convalescence from the fever took place; but mental derangement was soon manifest, which continued for some weeks, showing a variety of phases and characters. At one time he was a steam engine, puffing forth volumes of steam; again he was a preacher, dealing denunciation and destruction to the unconverted; and then he would assume some other character. At length he had an epileptiform fit, which seemed to prostrate both body and mind, from which he gradually recovered. These attacks occurred at intervals of one or two weeks.

His appetite was generally good; he ate and digested well throughout his illness, but continued to lose flesh, and gradually failed, until, about three months after the attack of pneumonia, he was so emaciated that nothing seemed left of him but skin and bones; and all his symptoms were of so grave a character that every one who saw him supposed he could not live a week. He continued, however, with little change, life seeming to hang by the most brittle thread, until near the end of the tenth month of his sickness; sometimes not speaking for weeks, eating whatever was given him, though at times almost unable to swallow, from what appeared to be paralysis of the muscles about the throat, particularly those concerned in deglutition.

At length the patient died, very quietly and without apparent suffering.

The autopsy was made twenty-four hours *post mortem*. The thoracic and abdominal organs were in a normal state. The pia mater was injected and thickened. Beneath the arachnoid membrane, there was a gelatinous appearance; no morbid effusion into the ventricles. The substance of the brain was less firm than in health, and evidently somewhat softened. No tubercles were found either in the head, chest or abdomen. From the history of the case, it would seem that his first disorder was meningeal, three years ago, and which was not relieved; but a morbid alteration or thickening at length produced death, as we have seen.

*Queechy, Vt., August 28th, 1858.*



## Bibliographical Notices.

*Human Cestoides. An Essay on the Tapeworms of Man, giving a full Account of their Nature, Organization, and Embryonic Development; the Pathological Symptoms they produce, and the Remedies which have proved successful in Modern Practice.* By D. F. WEINLAND, Ph. D. To which is added an Appendix, containing a catalogue of all species of Helminthes hitherto found in Man. Illustrated with original Wood Cuts. Cambridge: 1858. 8vo. Pp. 93. Price 75 cents.

This Essay will be peculiarly interesting to the physician and student of medicine, as being the first book on human entozoa, founded on the investigation of American specimens; the work of Brera on "Verminous Diseases," a translation of which was published in Boston about forty years ago, is based entirely on European specimens. Dr. Weinland has had access to the best collections in Boston and Cambridge, and has enjoyed the advantage of an extensive correspondence with the best helminthologists of Europe and this country. The work is illustrated with wood cuts, white on a black ground, admirably adapted to such objects: in order to secure perfect accuracy they were drawn from nature and transferred on wood by himself.

The researches of Dr. Weinland are interesting also to those who prepare pork for domestic and foreign markets, and to the public who consume the same, on account of the fully-proved genetic connection between the tapeworm in man and the "measles" in the hog—a startling fact to unprofessional ears.

He has fully investigated the subject of the tapeworm—"a Helminth differing in its nature from all other worms—mysterious in its origin—wonderful for the length it sometimes reaches; for its faculty of reproducing all its joints over and over again; for its power of throwing off periodically its end joints, which then become capable of free locomotion; and for its tenacity in resisting all kinds of vermifuges usually successful against other parasitic worms." Tapeworms belong to the order of *Cestoidea*, of the class of *Helminthes*, and are characterized as soft, flat, tape-like, jointed worms, mostly narrower toward the head and growing wider toward the tail. Their size varies from one hardly visible to the naked eye, to one, in the sheep, one hundred feet long. When mature, they live exclusively in the intestinal canal of the vertebrated animals, occurring in all their classes, different species having generally different worms. They consist of a head, resembling a knob at the end of the narrow part of the worm—a slender neck, at first smooth, but gradually becoming wrinkled by transverse folds and distinct joints—this head and neck constitute the young worm, or *scolex*. The neck becomes the originator of new joints as long as the head lives; the neck constantly growing out, it follows that the oldest joints are those farthest from it; the sexual organs become more and more prominent as the joints become lower. Their growth is rapid; but notwithstanding its constancy, the length has a certain limit, the last mature joints being repeatedly detached; the detached joints, or *proglottides*, have a short individual existence of their own, moving freely; their destiny is to reach the external world, with the *fæces* or voluntarily, and then to scatter their eggs, which are never hatched in the same intestine in which the mature worm lives.

Dr. W. adopts the view of the best modern German physiologists,

that the tapeworm is not a single individual, but a group of individuals. As the head has the faculty of reproducing the proglottides, having reproductive organs, and as this portion adheres by its hooks very strongly to the intestine, the action of vermifuges is often powerless to remove the worm—a single head may in all probability live a number of years, constantly throwing off new joints.

The structure of the external and internal organs is fully given, illustrated by wood cuts of the suckers and hooks; they are supposed to feed by imbibition through the skin, as neither mouth nor intestine has been discovered; the reproductive organs are highly developed and difficult to study; all tapeworms are hermaphrodite, each joint having its own independent male and female organs. The number of eggs is incredible, and they must be counted by thousands.

The second chapter treats at length of their embryology, and discloses some most startling facts, the results of the last half-century's investigations. It is now known that the disease in the muscles of the domestic hog, called "measles," is the head and neck of a tapeworm ending in a bladder of water; in other cases they are known as "hydatids," under the generic name of *Cysticercus*. In 1851, Dr. Küchenmeister proved by experiments that the cysticerci found in the mesentery of the hare, when eaten by dogs, produced the *tænia serrata* in that animal; these were proved on other animals, and finally the human tapeworm (*tænia solium*) was produced in a condemned criminal, who was made to eat the *cysticercus cellulosæ*, or "measles" from fresh pork. In 1852, Stein discovered the link wanting to make the chain of connection complete; by observations on a species of beetle, he found that the *scolex* is formed by an interior budding in the embryo—the eggs of the tapeworm, eaten by the beetle, were hatched in its stomach, and after boring through its walls, were developed into the *scolex*—the *cysticercus* in the beetle would be eaten by some insectivorous bird or mammal, and be developed into a perfect tapeworm. In like manner, "healthy young hogs fed with the eggs of the human tape worm, got the measles," as proved by numerous experiments—the embryos reach their destined resting places by piercing the vessels, and are carried by the circulation to the organs in which the hydatids are to be developed. To secure the chances of development, that the eggs should be eaten by one animal, and the hydatids by another, of course requires an immense number of eggs, the greater portion of which would never be placed in the requisite circumstances. This beautiful law of Nature for the preservation of animal species is considerably enlarged upon by Dr. Weinland.

In chapter third, he describes the species of human tapeworms, of which the two best known are the common narrow *tænia solium*, found particularly in Teutonic nations, and the broad *bothriocephalus latus*, occurring almost solely in the Swiss and Slavonic nations. Of the thirty-two helminthes of man, contained in Dr. W.'s appendix, the most interesting is the *tænia solium*, which is described at length. We can only here allude to the subject of protection against this worm, which is to avoid all chance of swallowing the fresh measles of the hog; boiling water, salt, and smoking, kill them, so that we may be sure that thoroughly cooked, perfectly salted, and properly cured pork, will introduce no living hydatids into the human stomach. Much so-called "salt pork" is so wretchedly salted that the central portions are not reached by the brine, and in such, the hydatids might



live for years, waiting for a proper receptacle for development. It is said that the soldiers of the allies in the Crimea disliked the salt pork because it produced the tapeworm in them—so that, even supposing a butcher never knowingly supplies his customers with measly pork (and there might be so few that the most honest man could not detect them), they might get a tapeworm from insufficiently cooked or salted pork. Beef is sometimes measly; so that neither Jew nor Mohammedan is absolutely secure against tapeworm by adhering to the commands of their prophets.

After all, the mature tapeworm is not so terrible a fellow as he is represented; he is troublesome, but rarely really dangerous. Man may enjoy perfect health for years with a tapeworm in the intestines. The Abyssinians consider it a sure sign of health to have one; and indeed, the symptoms ascribed to this, as to many other intestinal worms, belong generally to other concomitant diseases, aggravated, perhaps, but certainly not caused, by the presence of the parasite. The physician is most interested in guarding against the hydatid or larva of the *taenia solium*; this sometimes finds its way into the muscles and even the brain of man, beyond the reach of medical or surgical aid, and with fatal results; they may be introduced in water, or fruits which have lain on the ground, or lettuce and other salads, especially if they have been manured with night soil, as is generally the case in the neighborhood of large cities. Figures of the egg, embryo, larva, and adult worm, are given, and many interesting statements on the occurrence of the different varieties in the United States, both in the perfect and larval forms, are detailed at length. The foreign species are also indicated.

Dr. W. describes two very interesting new species of tapeworm, thus far peculiar to this country, viz., *Cysticercus acanthotrias* and *Hymenolepis flavopunctata*. One of them is figured; and both are preserved in the cabinet of the Boston Society for Medical Improvement.

*Bothriocephalus latus* is the only species of the genus found in mammalia, and this only in man; all the rest live in water-birds, reptiles and fishes; it reaches a length of twenty feet, and a breadth of more than half an inch. Its development, and the manner in which it gets into the intestine, are unknown. Küchenmeister believes that its hydatid may live in small snails (*Limax*), which live on lettuce, which no doubt are often accidentally eaten by man with salad. Neither Dr. W. nor Prof. Leidy have seen a specimen which came from an American.

At the end of the chapter he makes a very earnest appeal to physicians in all parts of the country to keep a lookout for human helminthes, which are interesting, not only in a medical and zoological, but in an ethnological point of view; and we trust they will generously respond to it, in order to facilitate his researches in this difficult department of natural history.

The last chapter treats of the pathology and treatment of human tapeworms; the remedies are given in full, with their formulæ, and the advantages and disadvantages of each discussed. The only way to get rid of the hydatids is to remove them by the knife, or to puncture their bladder containing the nutritive fluid; when few in number, and in the muscles, they are of no consequence; but in internal organs they have caused death, and are beyond the reach of medical art. Passing over the whole list of antiquated drugs, Dr. Weinland

follows Küchenmeister in his enumeration of reliable remedies, giving the formulæ most conveniently used.—1. Tin, prepared by precipitation from the chloride, but never in the form of tin filings.—2. Oil of turpentine, in the morning, fasting; very energetic.—3. Koussou, the powdered flowers of *brayera anthelminthica*, of Abyssinia; opinions differ as to its efficacy.—4. Pumpkin-seed, probably as good as the last-named.—5. Root of the male fern, either powdered or in decoction.—6. Panna, probably nothing but the root of a South African fern; more costly, but no better than the last.—7. Pomegranate bark, alone or mixed with the male fern. One or the other of these remedies will rarely fail to expel the worm.

The results of Dr. W.'s researches must be consoling to the public, who have been taught to dread a tapeworm as they do a rattlesnake or a mad dog. They may here be convinced, not only of their infrequency, but of their comparative harmlessness when present, and their generally easy expulsion by simple remedies. This is the more satisfactory, as there is a class of practitioners who explore the bowels of their fellow citizens in search of tapeworms, successfully for themselves, but not altogether so for their victims; these timorous and nervous persons can now digest in peace, assured that the worm need give them no uneasiness, as he is a tenant at will, and bound to evacuate the premises after due notice in the shape of a proper remedy. But it is not so easy to get rid of the external parasite; as the larval hydatid is beyond the reach of medical art, so the unscrupulous doser is beyond the reach of the laws. The quack and the worm resemble each other in growing fat on the juices of their supporter; but the external parasite, by waging war upon his internal brother parasite, real or imaginary, betrays a disregard of that simple code of honor by which one member, of even a thieving fraternity, scorns to encroach upon the personal rights of another.

The present monograph is the fore-runner, as it were, of a larger work on the subject, viz., an atlas of the human helminthes, containing, on six quarto copper-plates, figures of all entozoa of man hitherto described, with an explanatory text in English, French, or German, as the reader prefers. Considering the rare facilities enjoyed by Dr. Weinland for the prosecution of this labor, the natural and growing interest in such researches, and their important practical bearing on medicine, it is to be hoped that the profession throughout the country will afford him due encouragement, by at once sending in their names to him as subscribers. The price of the present work is only 75 cts., and that of the larger work to subscribers, only \$3 00. His drawings are all ready, and we would again urge our medical brethren to subscribe at once, as they will be given to the engraver as soon as five hundred copies are subscribed for. His connection with the late Prof. Müller, of Berlin, as pupil and curator of the Zoological Museum, and with Prof. Agassiz, as his assistant in this country, are sufficient guaranty that the work will be, like the present specimen, of the highest value, and alike useful and interesting to the physiologist, anatomist, embryologist, microscopist, general practitioner, and medical student. For both works, application should be made to the author, Cambridge, Mass.

S. K., Jr.



## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 14th.—*Hæmorrhage from the Umbilicus; Hæmaturia; Ranula upon the left Side; Recovery.* Dr. CABOT reported the case.

The child was born on the first of June, at 5½, A.M., after a short labor. The hair was of a dark-brown color, and about two inches long. The skin was very yellow. There was slight inflammation of one eye. A ranula also existed upon the left side, which extended to the edge of the lip. The mother was very well during pregnancy. The urine, which was at first free and of a healthy color, was noticed by the nurse during the night to become dark, and, on the following day, quite red. On the third day, it was bloody, and Dr. C. suggested to the nurse the probability of hæmorrhage from the umbilicus, and that she be prepared for such an accident. On the 4th, as was anticipated, bleeding commenced from the umbilicus, for which agaric and a compress were applied. The child suffered from constant pain, moaning continually, particularly when passing water. While dressing the navel, about two ounces of bloody urine passed the urethra, containing a granular matter resembling grumous blood. The ranula had disappeared. On the 5th, the bleeding had been so profuse from the umbilicus as to saturate the swathing cloths in front. Solid nitrate of silver was now applied to the edge of the partially-separated cord, the part was dressed with fresh agaric, together with cotton and a compress, and a teaspoonful of the following solution ordered to be taken every hour. *R.* Cupri sulphatis, gr. i.; acidi sulphurici diluti, gr. xij.; aquæ, ℥viij. *M.* At the first dose, about three teaspoonfuls were taken, and afterward about the quantity prescribed.

At the end of four hours, the color of the urine had changed, and no further bleeding took place from the navel. On the 6th, the urine was slightly red, but improving. The color of the skin was more healthy, and the general condition was decidedly better. On the 7th, the funis came away; there was no oozing of blood. The part was dressed with agaric. In consequence of constipation, the drops were ordered to be suspended, unless the hæmorrhage should recur. On the 8th, the blood had increased in the urine, and the medicine was again ordered, and again suspended, as there had been no dejection for two days. An injection was ordered, which was followed by two dejections. On the 10th, the child was well.

Dr. Cabot thought it an interesting question how far the result in this case was due to the treatment by sulphate of copper. He supposed recovery from this affection extremely rare.

Dr. MINOT remarked that his investigations had shown that in eight or ten per cent. of these cases recovery occurs.

Dr. HOMANS mentioned eight or nine cases of this nature that had occurred in his own practice, five of which terminated favorably, the children at the present time being in fine health.

With regard to the treatment, Dr. COALE said that he had tried the sulphate of iron in one case with success.

JULY 12th.—*Cyclopism in a Pig.* Dr. JEFFRIES WYMAN gave an account of the case—the specimen, which had been preserved in spirit, having been placed at his disposal for dissection by Dr. Geo. H. Gay.

"It corresponds very nearly with one described by Vrolik in his *Memoir on Cyclopia*,\* and represented in Plate II., Figure 5. A cylindrical snout, commencing above the eye, projects upward and backward, and ends in a disc perforated by a transverse opening. This last is the entrance to an imperfectly-divided nasal canal. The upper lip terminates in an elongated bulb, vertically compressed, and, as is usual with such monsters, the tongue protrudes from the mouth.

"*Brain.*—A large sac filled with fluid occupies the upper and middle portion of the cranial cavity, and, when evacuated, left the cerebellum, tubercula quadrigemina and the optic thalami completely exposed. The relations of this sac to the brain itself could not be satisfactorily ascertained, owing to the softness of the parts. These organs were all well represented, but rather less perfectly developed than usual. The cerebral lobes were represented by a single hemispherical mass, without a median fissure, or convolutions excepting two imperfect ones on the under side. This cerebral mass was hollow, and seemed to open on its posterior face into the sac above described. The absence of a median fissure is accounted for by the persistence of the anterior primary cerebral vesicle.

"The optic nerve arises symmetrically from the anterior portion of the base of the cerebral mass, between the two convolutions noticed above. There are no "optic tracts," but its fibres, after separating a little from each other, enter at once into the cerebral substance. The nerve escapes from the cranial cavity through a single optic foramen, and enters the globe of the eye on the median line and a little below the axis. The globe is symmetrical, and the transverse exceeds a little the other diameters. Two pupils existed, each surrounded by an iris and two lenses, but the sclerotic, choroid and retina were single; there was no septum in the vitreous humor.

"The olfactory nerves were deficient, but the nerves of the orbit were all traced to their proper cerebral connections. The nasal branch of the orbitar portion of the fifth entered the cranial cavity through an opening formed on the median line in the orbitar plates of the frontals, and was traced through the ethmoid fossa into the snout, on the extremity of which it was lost.

"The dissection of the muscles of the eye was incomplete, in consequence of the state of the parts, but the following were made out—a single levator of the upper lid, two superior recti, two superior oblique, a right and left external rectus, and two inferior oblique. These last, in the absence of a septum between the orbits, arose from each other, forming a transverse band of muscular fibres. The internal recti were deficient.

"This nearly single symmetrical eye is surmounted by a lid consisting of the outer portions of two lids, united by a narrow band across the median line. No puncta lachrymalia were found. The lower lid, formed like the upper, is partially concealed by the projecting globe.

"*Cranium.*—The whole front of the cranium is separated from the bones of the face and thrown upward, so that the roof of the orbit is nearly vertical, and extends transversely across the face. In the absence of the ethmoid, the orbitar plates of the frontals meet on the median line. The frontals support the bones of the snout, which are

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\* *Over den Aard en Oorsprong der Cyclopia*, door W. Vrolik. Amsterdam: 1834. 4to. 6 plates.



three in number—one median, just before the frontals, consisting of the united nasals, and two lateral bones, probably the intermaxillaries, much larger and bent upon themselves, so as to form a tube, in which is the cavity of the nostrils; this cavity communicates with that of the cranium through the ethmoid fossa.

“The anterior sphenoid consists of a single transversely elongated plate perforated by a single optic foramen. The sphenoidal fissures are represented by a single quadrangular opening, which separates the anterior from the posterior sphenoid, and which transmits the nerves of the orbit. There was no vomer.

“The inferior border of the orbit is formed by the coalesced lachrymals, which unite on the median line, and by the malar bones, which are brought nearer together and more transverse than usual. The superior maxillaries are short, recurved and fused.

“The superior maxillaries are terminated anteriorly by a notch, lodging a tooth, but there is nothing in this place to represent the intermaxillaries, and consequently there is no incisive foramen. Wedekind and others, who have described the bones of the face in cases of cyclopism, uniformly speak of the absence of the intermaxillaries. It seems probable that the intermaxillaries are not deficient, but are displaced, and are represented by the pair of bones found in the snout. This view is supported by the fact that these last-mentioned bones form a part of the walls of the nasal canal, are situated in front of the united nasals, and articulate beneath these with the frontals; they are also impressed on their inner walls by a branch of the nasal portion of the fifth pair of nerves, which is lost on the extremity of the snout. It might be added still further that the intermaxillaries are developed independently from a median bud, while the maxillaries project from the first visceral or branchial arch, and subsequently unite with the intermaxillaries. The cyclopic eye projecting forward on the median line would have a tendency to throw the intermaxillary bud upward, and thus prevent its union with the maxillaries.”

Dr. Wyman made some general remarks on cyclopism, and attempted to show that it belongs to a class of malformations in which organs situated on either side of the median line, and unsymmetrical in themselves, are separated by a median symmetrical organ, which, however, may make greater or less approximation to a double organ.

“The middle incisors were wanting. The single tooth occupying the notch in front of the maxillaries, and on the median line, was a symmetrical incisor, presenting an analogous malformation to that of the eye, it being composed of the united outer halves of the lateral incisors. This symmetrical incisor is figured by Vrolik, but he has not pointed out its morphology. The other teeth were normal. The lower jaw projected beyond the upper, and its anterior extremity was bent upward.”

The cranium, which had been prepared by Dr. Wyman, was exhibited by him, with drawings of the external appearances of the head and of the brain, and will be preserved in the Cabinet of the Society. For comparison, Dr. W. has also prepared the cranium of a well-formed new-born pig.

Aug. 9th.—*Partial separation of the Placenta; Delivery at the eighth month.* Dr. COALE showed the specimen, and reported the case.

A. O., aged 23, of stout, short figure, pregnant with her second child. Had always enjoyed good health. Her first confinement was

favorable ; her child is now living, hearty and well grown, though she had not so much milk, nor did it continue so long as might have been expected in one of her build and development. Her menstruation ceased Nov. 30th, 1857. I was called to her at 11½ o'clock, on the night of Aug. 7th, 1858, 250 days after this. She was lying-in, the pains of labor recurring every ten minutes, and lasting more than half a minute. Her dress and the bed clothes were drenched in blood. The pains had commenced an hour and a half before, and the flooding simultaneously with them. The os uteri was dilated to about the size of a half dollar—was very thick and unyielding. Clots of blood were lying around it, and protruding from it. The finger was passed in very carefully, and swept around it to feel for the placenta. It could not be felt ; and as between the pains the distance reached was nearly the length of the finger, I decided that the case was not one of placenta prævia. The presentation was natural—the face to the right sacro-iliac symphysis. The patient was not expecting confinement for a month. Four weeks ago she had lifted a heavy bureau, when she felt something give way inside, though nothing else occurred. The motion of the child had been felt up to a late hour in the evening, and nothing seemed really amiss until the pains and flooding commenced. My presence backened the pains sensibly, and I retired for an hour. On second examination, I found the labor progressing, but very slowly. The hæmorrhage kept pace with it. At every pain, clots of large size and fresh liquid blood were expelled. The os still was thick and seemed to yield but very little. The pulse, however, was strong, and from the full build and fresh complexion of the patient, indicating good hæmotosic qualities, I argued she could stand a considerable loss of blood, and that there was no reason yet for me to interfere. Finding that my presence still sensibly lessened the pains, I absented myself as much as possible. This condition continued, my patient not failing, though the hæmorrhage continued, until, at 2¼, I found the dilatation sufficient to authorize me to rupture the membranes. After an interval, the pains were renewed—the head came down well. By a little manipulation, the os was sufficiently enlarged, the foetal head came through, bore on the perinæum for a minute, and at the next pain the child was expelled. It was dead, and there was no pulsation in any part of the cord. The bones of the skull easily rode over each other, and there was enough flaccidity to induce the belief that death had occurred some hours before. It was a small, though plump, well-filled-out child, nothing indicating that it had not been well nourished, up to the last moment of its foetal existence. The placenta soon followed, and every thing pertaining to the remainder of the labor was natural and favorable.

The placenta was here exhibited. It presents marks of engorgement for half its surface, and evidently partial detachment before delivery. Whether lifting the heavy weight a month before confinement had anything to do with its condition, seems to me doubtful. The well-nourished state of the foetus would argue against this. Yet such engorgement or apoplexy is rare without a special exciting cause, except in certain cases of depraved habit ; and in these, or any cases of apoplexy of the placenta, though it induce premature labor, it is not necessarily or generally attended with hæmorrhage.

Upon the surface of the placenta there was, to a considerable extent, a mass of dark coagulated blood, which, from its consistence and



the degree of its adhesion to the mass beneath, may have been effused before labor commenced. Upon cutting the placenta through in every direction, nothing unusual was observed, excepting a white, opaque, fibrinous disorganization, less than an inch in extent, and which may have been the result of an old apoplectic effusion.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 9, 1858.

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### LEGAL RESTRICTIONS ON THE SALE OF MEDICINES.

THE restrictions placed by law in France on apothecaries would astonish some of that profession in this country. Every preparation must be made according to the Codex; no variations, even though they be improvements, are allowed. No medicines, except such as are authorized, can be kept for sale, and no dangerous substance can be sold without a written order from a physician. His premises are at any time liable to be invaded by a committee of inspection, who search for forbidden articles, and test the purity of his drugs. We ourselves well recollect the difficulty we had in Paris in procuring a piece of solid nitrate of silver, for the purpose of cauterizing a puncture received while dissecting. A writer in the *London Pharmaceutical Journal*, whose entertaining article on English and French Pharmacy is published in the *American Journal of Pharmacy*, gives some striking examples of the rigor with which the laws relating to these subjects are carried out, of which the following is one:—

On November 14th, 1856, an apothecary of Lille was seized for having sold “Sirop Anti-scorbutique” which was not prepared according to the Codex. The syrup in question was made with an inferior wine, and was prepared by cold maceration instead of being distilled. The defence was, that it had been bought from a wholesale druggist; the apothecary was therefore cleared, and the authorities went to the right place, and found out the right man. The accused said, first of all, that he had made the syrup by a formula given in *l'Officine*, a work of Dorvault, often used in Pharmacy; secondly, that he sold it as a drug-merchant, not as an apothecary; thirdly, that the law with regard to the preparations of the Codex had been annulled. The court decided that every apothecary was under an obligation to have a copy of the Codex, and absolutely to follow its directions; secondly, that the penalty consequent on its infractions was still in force; thirdly, that the syrup had been made by the accused, not as a drug-merchant, but as an apothecary, there being an express law that no drug-merchant should either prepare or sell any pharmaceutical product, but simply drugs; and lastly, that as the syrup was made otherwise than according to the directions of the Codex, the usual sentence must be pronounced—a fine of 500 francs, and costs of trial.

A seizure was made, a short time ago, at the establishment of the makers and sellers of a certain pomade, brought forward as a remedy for fleshy excrescences, gatherings, burns, wounds, ulcers, large boils and corns. For this, Messrs. B—— and V—— were sent before the correctional police. B—— is much surprised that an action should

be brought against him *now*, on account of the sale of a pomade which has been sold peaceably for the last fifty years, from father to son, the recipe being a secret in the family. It is precisely because it is a secret that the court condemns Messrs. B—— and V—— each to a fine of fifty francs. The only wonder is that the proprietors of the nostrum should have escaped so long. What would the venders of Russia Salve, Peruvian Syrup, Antiphlogistic Salt, and the tens of thousands of other quackeries with which our land is deluged, say to this?

The time has not yet come when it would be possible to place similar restrictions on the great trade of medicines in America, and we are not sure that such extreme rigor would be desirable. The severity of the law would defeat its end. The people *will* be humbugged, and juries would never convict offenders with whom the community so strongly sympathize. But, as we have often urged, some regulation is needed to check the extreme facility with which dangerous drugs can be obtained. At least, the proprietors of nostrums should be made responsible for the evil consequences which follow their administration. A bill was introduced, a few years ago, into our State Legislature, requiring that the formula for the preparation of every nostrum should accompany each bottle in which it was dispensed. It is needless to say the bill did not pass, since it would have rendered unsaleable the greater part of the quack medicines which are for sale, and there was influence enough displayed to defeat a measure so ruinous to a profitable business. Such a law, however, would be a great blessing to the community, by exposing the worthlessness of preparations which even the most respectable daily newspapers do not think it beneath them to recommend to the public, although confessedly ignorant of their composition, and of the means of judging of their effects.

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#### THE CRIME OF INFANTICIDE.

THE British medical press discourses upon this subject with great plainness of speech; and the statements made are such as to appal us by the figures which they exhibit, and to sicken us by the deliberate atrocity with which many innocent victims are disposed of.

Great Britain, with her dense population, finds by no means contemptible rivals in other nations in the practice of this revolting crime. Its perpetration amongst us here at home is a frequent and notorious fact, clearly manifesting the laxity of religious and moral feelings and principles, and the deplorable cold-bloodedness which can induce a mother to destroy the fruit of her womb! Second only to the actual destruction of the lives of children—whether the latter are *trucidati in utero*, or slaughtered after birth—is their heartless and wanton exposure, at all seasons, at the doors of citizens, or in lanes and streets—at the risk of perishing by the countless agencies liable to extinguish the feeble spark of life.

The ancient English laws against infanticide were of such severity as to defeat the very end they sought. But the London *Lancet*, whilst it states this fact, also says that the laxity of the present code leads to precisely the same result. Thus, “the law requires proof now, that the child was wholly born when it was killed”; whereupon the journal we cite very truly remarks that “a child may be killed while only a hand or a foot remains in the vagina, and yet the guilt of murder



is not legally incurred." A short-sighted policy indeed—and deservedly stamped with the epithets of "a mockery of justice," and "a shallow compromise of a wicked offence" (*loc. cit.*, July 17, 1858). Prisoners have thus escaped punishment, when their children have been proved to have been decapitated, killed by throat-cutting or by strangling.

Often, the hand of violence is not actually laid upon the wretched offspring of crime or of poverty; "criminal neglect" may easily suffice to rid the unnatural parents of a burden, and enable them to secure the premiums paid by clubs which insure the lives of children. "The coroner for Middlesex computed the annual infanticide in London as high as 300. He thought that £10,000 might suffice to check the evil. Surely it were a small price for such a boon!"—*Lancet*.

This subject is one of national importance, as the above journal intimates. Who is willing to hear the statistics in our own land, relative to it? Who can doubt that they would be both startling and deplorable? Neither apathy nor severity will effect a reform; but a steady, persevering, kind and united effort of men and women who love their kind and country, might finally realize great results. The matter cannot be hid under a bushel, nor should we, from fear, refuse to approach it—any more than did Mr. Acton the kindred evil of prostitution. If we do not destroy the serpent, we are likely to be its victims.

#### PORTRAIT OF DR. JAMES JACKSON.

MESSRS. EDITORS,—I had the opportunity of seeing, a few days since, through the politeness of a medical friend, a portrait of Dr. Jackson, just completed by Mr. F. L. Lay, for a gentleman of this city, from a photograph of Southworth & Hawes. Those familiar with the name of the artist, will not be surprised to learn that he has succeeded in producing a likeness of this distinguished gentleman, of remarkable accuracy and artistic excellence. The portrait is a full length, and the artist has succeeded in combining great softness and delicacy with a more than usual degree of clearness and distinctness of effect.

There are two other portraits of Dr. Jackson, I am informed, both of which are of an inferior character; and it must be gratifying not only to his immediate friends, but to the members of the profession, in the foremost rank of which he has stood for half a century, that a portrait now exists, which, while it serves as a pleasing memento to his contemporaries, who have been accustomed to regard him with peculiar veneration, will also transmit to later generations a faithful likeness of one of the most eminent physicians of his day.

Mr. Lay is a German artist of much merit, and this specimen of his work is alone sufficient to evince his skill and taste in the difficult branch of art to which he has especially devoted himself.

Mr. Lay has a room at No. 24½ Winter Street, in the house formerly occupied by Mr. T. B. Wales; and he will be happy to show Dr. Jackson's portrait to any one who may favor him with a call within the next week.

*New Hæmostatic.*—After prolonged experience, M. Lami strongly recommends the following hæmostatic: *R.* Decot. rhataniæ, 300 parts; alum, 60 parts. If given internally, 70 parts of syrup are to be added. Internally, 10 drachms may be taken three times daily; while for external use it may be employed as injection or lotion.

*Fourth Annual Session of the American Dental Convention.*—The Fourth Annual Convention of this body was opened at the Melodeon Hall, in this city, on the 3d of August, and was called to order by the President, Dr. Taylor, of Cincinnati. The sessions were continued through three days, and many important topics of dental medicine and surgery were discussed.

The following officers were elected for the ensuing year: for President, Dr. Isaiah Forbes, of St. Louis; Vice President, Dr. Rogers, of Utica, N. Y.; Recording Secretary, Dr. Taft, of Cincinnati; Corresponding Secretary, Dr. D. S. Chase, of Augusta, Ga.; Treasurer, Dr. W. B. Roberts, of New York. It was voted to hold the next annual meeting at Niagara Falls.—*Cincinnati Lancet*.

*The Atlantic Cable among the Dentists.*—At the late Annual Meeting of the American Dental Association, in Cincinnati, the following interesting incident took place during the proceedings. We copy it from the *Dental Register of the West*.

"At this point, Mr. Mussey, of the *Cincinnati Gazette*, by request of Dr. Bon-sall, announced to the Convention, that the *Niagara was in Trinity Bay with her end of the Atlantic Cable, and that she was in perfect connection with the Agamemnon*. As one man, the members arose to their feet, and gave spontaneously three hearty, vociferous cheers. Mr. M. then announced that the exact locality of the Agamemnon was not yet known. A member shouted, 'Three cheers for our side, any how!' These were given with a will; and, with happy countenances, the members quieted down to business."

*Naval Appointments.*—The Board of Naval Surgeons recently convened in this city, consisted of Surgeons Greene, President; Ruschenberger and Foltz, members; and Passed Assistant Surgeon Howell, Recorder. Twenty-seven candidates presented themselves for examination, of whom the following gentlemen were selected as qualified for the post of Assistant Surgeons in the United States Navy: Drs. Bertollette, of Pa.; Leach, of N. H.; Christian, of Va.; Megee, of Pa.; Gibbs, of N. J.; Burnett, of Pa.; and King, of Pa.—*North American Medico-Chirurgical Review*.

*Army Appointments.*—The Army Medical Board met at Richmond, in April last, and selected but two of twenty-seven candidates who were examined. Drs. J. H. Bill, of Pa., and J. H. Berrien, of Ga., were the successful candidates.—*Idem*.

*Tablet to the late Hugh Miller.*—A tablet of polished Peterhead granite is about to be placed in the wall at the head of Hugh Miller's grave, in the Grange Cemetery, Edinburgh. It is without any elaborate ornamentation, and its inscription runs thus:—"Hugh Miller, died 24th December, 1856, aged 54 years."—*Lon. Lancet*.

*Health of the City.*—The aggregate of deaths for the week is the largest for several years, there being 128. Cholera infantum continues its ravages, there being 38 deaths from it alone, against 19 only in 1857. There are, also, 7 deaths from dysentery to 3 during the same week last year. Consumption numbers 15 to 13, being its usual average. There have been 5 deaths from accidents. It is likewise a noteworthy fact that no colored person has died in the city during the last two weeks.

MARRIED,—In this city, 6th inst., Edward John Bélard, of Paris, France, to Miss Elizabeth Gray Otis Ritchie.—At Leroy, N. Y., 1st inst., William S. Headley, M.D., to Miss Francis A. Cox.

DIED,—At Hartford, Ct., 18th ult., Abial A. Cooley, M.D., 76.—At Lake Village, N. H., 30th ult., Dr. D. S. Devens, 49, formerly of Charlestown, Mass.

*Deaths in Boston* for the week ending Saturday noon, September 4th, 128. Males, 64—Females, 64.—Accident, 5—Inflammation of the brain, 2—cancer (in the stomach), 1—consumption, 15—convulsions, 1—cholera infantum, 38—croup, 2—cholera morbus, 1—dysentery, 7—diarrhoea, 1—dropsy, 2—dropsy in the head, 6—debility, 1—infantile diseases, 9—puerperal, 1—exhaustion, 1—scarlet fever, 1—typhoid fever, 1—gangrene of the lungs, 1—disease of the heart, 1—haemorrhage, 1—disease of the kidneys, 1—disease of the liver, 1—Inflammation of the lungs, 1—marasmus, 2—measles, 2—old age, 1—palsy, 3—pleurisy, 1—scrofula, 1—scalds, 1—disette of the stomach, 1—suicide, 1—teething, 7—thrush, 2—unknown, 1—whooping cough, 4.

Under 5 years, 80—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 11—above 60 years, 12. Born in the United States, 92—Ireland, 26—other places, 10.



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## PULMONARY DISEASES IN CALIFORNIA.

*On the Infrequency of Pulmonary Disease originating in California, and the Adaptability of the Climate to Persons predisposed to, or laboring under, Phthisis Pulmonalis.*

[Communicated for the Boston Medical and Surgical Journal.]

I KNOW of no country, from personal knowledge or the recorded experience of others, where inflammation of the lungs, or diseases of the pulmonary tissue, of any sort, are of so uncommon occurrence as in the State of California.

I wish that, for the basis of my writing on this subject, I had more statistical data, from whence to support what I may declare, incontrovertibly. Yet I think I have sufficient facts in my possession, to satisfy all reasonable minds of the correctness of my assertions. If there is a subject that should be written upon with more care, precision and fidelity than any other, it is practical medicine. Carelessness of observation, prejudice, looseness of expression, lead to false doctrines, evil practices, and deplorable results.

At the last session of the Legislature of this State a Registration Law was passed, embodying such provisions as will furnish a vast fund of correct statistical information that may serve as a solid basis, upon which shall be founded, with all confidence, truths in medicine and political economy, that will surely advance the interests of the greatest of sciences, and no less the development, welfare and happiness of the people of the State of California. Facts will be elicited by this law which will enlighten the path of the legislator, and enable the scientific physician to reason upon many subjects with the power of demonstration, rather than make vague, unsatisfactory and profitless assertions.

I came to the conclusions found in this communication from such data as have been afforded me by the mortality reports of Sacramento and San Francisco, published in the newspapers, my knowledge of the mortality of this town, where I have practised medicine since the summer of 1850, save an absence of two years

in Texas and Arkansas, and observations that I have made in travelling through the State, and careful conversations with medical men, wherever I have met them.

Idiopathic pneumonia is not a common disease in California. Bronchitis, enteritis, colitis, rheumatism, neuralgic affections, icterus and typho-bilious intermittent and remittent fevers are common enough in different parts of the State, but pneumonia is, to the best of my knowledge, an uncommon inflammation. Since the settlement of this town, which now numbers about 4,000 people, I cannot reckon over ten deaths from inflammation of the pulmonary tissue, and the total mortality has been about four hundred during that time. I have never yet met with the disease, in my practice, where I had good reason to believe that the thoracic viscera had been in a state of perfect health, and free from pathological changes, previous to the attack. No case has come to my knowledge, in this town, where a robust Englishman or Irishman has had pneumonia, who, prior to his emigration to California, had enjoyed immunity from pleuritic and pulmonary inflammation.

Last winter I made a *sectio cadaveris* of the body of a man named Foster, aged about 50 years. He died the sixth day after the attack. The pleural cavity had been completely obliterated, and the pulmonary tissue was "soldered," so to speak, to the parietes of the chest, through the adhesive inflammation that had formerly occurred to the pleural lining of the thorax. About one fourth of the pulmonary tissue had become hepatized. I have no idea that this person would have perished in this country from inflammation of the lungs, had not the thoracic viscera been so extensively compromised by inflammations, which had been provoked in the climate of Missouri, from whence he came.

When we consider the exposure to wet and cold, to which miners were subject the first five years of Californian history, the mortality from pneumonia, which I have stated, one in twenty, must appear exceedingly small, and prove conclusively the climatical indisposition to cause inflammation of the lungs. Exposed to days and months of rain, as I have known hundreds and thousands of individuals to be, during the first three years after the discovery of gold in California, with the same degree of cold, in any of the Atlantic States, pneumonia would have been a very frequent and fatal complaint.

The city mortality reports, as published in the papers, will not give persons at a distance a correct idea of the comparative frequency of pneumonia in this State. Valetudinarians, who have been suffering from pulmonary affections, do not find the pursuits incident to the mining districts so suitable to their condition as those which occupy city populations. The consequence is, that a large fraction of persons suffering from pulmonary diseases remain at San Francisco and the valley cities. Persons in easy condition, too, who visit this State to reclaim their health, remain in the



cities, where they can find more amusement and be better entertained. This condition of things, therefore, furnishes more cases of pulmonary inflammation, in proportion, in the cities, and consequently a greater mortality. I am personally acquainted, to a considerable extent, with the diseases incident to the climates of Missouri, Kentucky, Massachusetts, Mississippi, Texas and California, and can convey the impressions of my mind, in the absence of positive statistical information, in no better manner than to say, that pneumonia occurs with a frequency, anywhere else I have ever been, quadruple what it does here. In this I am supported by the testimony of every physician with whom I have conversed, who has had an experience similar to my own. The climate of California seems well calculated to promote health and vigor of the respiratory organs. It is dry, equable, mild, and at the same time invigorating in the highest degree. One of the most, if not the most luxurious climate on the earth, it promotes, at all seasons of the year, the activity and strength of all the powers of the body in a remarkable degree. I know of no other climate that is so mild and at the same time so bracing. The appetite, the disposition to activity and exertion, and the capacity to endure labor, mental and physical, never flag, from one day's end to another, both winter and summer. Over a large portion of the State, fire is little wanted, and we are enabled to breathe the natural uncorrupted atmosphere of the heavens the year round.

Phthisis pulmonalis I have never known to *originate* here. Even those who have had a marked constitutional proclivity to the affection, have entirely escaped a development of it when their habits have been consistent with the ordinary health of the animal economy. In all those persons who have come under my observation, and they have been many, I am satisfied, from the histories they gave me of their cases, that tubercles were developed in the lungs before they came to the State. No doubt that there have been individuals of scrofulous diatheses, of intemperate, licentious, profligate habits, of deficient moral status and easily overcome by misfortunes, whose vital powers have become degraded, and in whose lungs tubercles have been deposited that have terminated in fatal consumption; yet I have met with no such cases. Those who have died of pulmonary consumption under my notice, had symptoms of the disease before they came to the State, and it was these symptoms that induced them to come.

Without the light of facts directly bearing upon the subject, reason would convince us that this State affords the most propitious climate in the world for persons predisposed to consumption. It is self-evident, that the health of any class of organs of the human body is best promoted and insured, in a country and climate where such organs are *least subject to disease*. In the Northern States, affections of the lungs predominate, and hepatic ones in the South. If the southern man wishes to get rid of his liver complaint, he

can do much toward accomplishing his object by going North; and so the northern man, if predisposed to phthisis, would do well to go South, where diseases of the lungs are not so common, and better still, to some land, some climate, where the lungs are scarcely subject to disease at all. Every climate has its specific constitution of atmosphere, and must, as different effects follow different causes, produce its particular diseases. As I have never known a native Californian affected with phthisis, I conclude, irresistibly, that California is a favorable State for those who have a proclivity for pulmonary consumption. In all the Southern States, I know that many who have been born and brought up within their limits, have become affected with, and died of phthisis. I must, therefore, consistently with any sort of logic, conclude that the climate of the South Union has some relation to the production of consumption. In the Mississippi Valley scarcely a man, woman or child, but suffers from the effects of malaria. Then certainly I should not recommend the subject of tertian ague to sojourn in that portion of the country with a view to recovery. Every climate has its peculiar diseases; and if we wish to avoid a given complaint, common rationality would prompt us to seek that country where such disease was not at all, or but little known—where climatic cause or topographical circumstance has but little connection with its production.

Much doubt, without reason, I think, has been expressed regarding the propitiousness of the climate of California, for persons laboring under or predisposed to phthisis. When we consider the fact, too palpable to merit statistical investigation, that consumption rarely, if ever, originates here; that pneumonia and other affections of the pulmonary organs are of very infrequent occurrence in this country, and that numerous individuals, beyond all doubt, *recover* here *entirely*, or are prolonged in existence, years, when they would have shortly succumbed in any of the Atlantic States, we cannot hesitate to conclude that California affords the best climate in the country for the scrofulous diathesis. It is true, that the mortuary statistics of Sacramento and San Francisco give the ratio of deaths from consumption at about one-seventh of the whole; but when we take the positive facts into view—that a large number of persons have come to the State laboring under consumption, and that a great proportion of these centre in those cities, and go there in the last extremity, in the vain hope of medical aid, and die, this is not astonishing, and furnishes no argument against the advantages of the climate of California for the consumptive invalid, and those hereditarily predisposed to the disease.

I account for the salutary and remedial influence of this climate upon consumption, and every disease of an asthenic type, by the tonic and stimulative constitution of the atmosphere that actuates all animated nature with a life, vigor, and high range of vital action, that I have neither known, nor read of, any where else.



The amount of physical and intellectual exertion a man can undergo here with impunity; the facility with which patients recover from capital surgical operations and severe wounds; the rapidity with which children grow—their strength and activity; the recovery of a great many persons, who had been helpless invalids in the Atlantic States; the cure of sterility in women; the rapid increase in the population of the State from births; the rejuvenation, as it were, of old men, and the fecundity of all animated nature—instruct the reason, that this climate must promote an exaltation and vigor in the functions of vitality, that is not known elsewhere. I have performed surgical operations here, and seen them performed by others, as a last resort, that I could not think would be attended with favorable results, and yet the patients have recovered, to become again useful men and women. Fractures unite with great certainty and rapidity; and I have seen feet and hands, crushed by machinery and the falling of boulders, in mining, that, at the time, I would almost chide myself for folly in attempting to save, become good and useful limbs; so full is the constitution, in this climate, of life and recuperative energy. If any country, any climate, can save a patient from the destructive and fatal consequences of degraded vitalization, it is the climate of California.

CHARLES D. CLEVELAND.

*Grass Valley, Cal., July 31st, 1858.*

#### TREATMENT OF ANASARCA BY PUNCTURES IN THE LOWER EXTREMITIES.

BY JAMES B. COLEGROVE, M.D., SARDINIA, N. Y.

[Communicated for the Boston Med. and Surg. Journal.]

I HAVE perused, with much interest, two articles from the pen of Dr. Coxe, of New Orleans, detailing two cases of anasarca which were treated by punctures through the skin of the legs and feet.

Shortly subsequent to the first report of Dr. C., a similar case was treated by myself, which, although fatal in its termination, has not changed my opinion of the entire propriety of the operation whenever it becomes apparent, or even probable, that adequate relief may be expected to result therefrom.

I well remember, while at the Alms-house Hospital in Buffalo, three years ago, the occurrence of a case of anasarca, in which the amount of suffering endured was scarcely equalled by any I have before or since witnessed. The propriety of an opening into the distended parts was freely discussed by the attending physician and myself, but, as there was no precedent to warrant us in so doing, it was decided negatively.

My attention was called to the case alluded to above, early last March. The patient was fifty years of age, a farmer, of robust figure and good habits; always healthy until quite recently. At the time I was called, March 11th, he had been treated by Dr.

Colegrove, Senior, for dropsy, about four weeks, by the administration of cathartic medicine, calculated to produce watery evacuations.

Anasarca gradually succeeded upon dropsy, until (April 15th) the extremities were excessively distended with fluid, and the amount contained within the cavity of the abdomen was sufficient to produce mechanical disturbance in the breathing. With the advice of my father, who had previously had charge of the case, I resolved to make a sufficient number of openings through the skin, in the lower extremities, to permit the escape of a portion of the fluid.

This was done April 18th; five punctures were made in each limb, below the knees. I visited the patient daily, and was gratified with the result, which seemed in every way favorable. At the end of the fourth day, the amount of serum that escaped was estimated at five gallons. I was not disappointed in the excessive prostration which supervened. It was fortunate for the patient that so gradual a process of evacuating the serum was devised, as, had it been more sudden, I do not believe he would have rallied.

We used stimulants freely. The patient expressed himself much more comfortable than he had been for several weeks. The anasarca nearly all disappeared. The breathing was almost natural. I experienced much difficulty, however, in causing the wounds to heal. The skin became red and inflamed, surrounding the punctures. I applied the unguent. acet. plumbi, and bandaged the feet and limbs as far as the knees, and, in twenty days from the date of the operation, the openings were closed and the limbs in a healthy condition.

Subsequently my patient succumbed, although there was no return of anasarca to the extent to which it occurred previous to the operation for its removal. I have only alluded to this case, in so far as it relates to the operation of puncturing the lower extremities in the treatment of anasarca. Of the two cases reported by Dr. Coxe, the first was undoubtedly one of pulmonary consumption. The relief afforded, warranted the operation. So in the second case; the result being even more satisfactory.

The reader will judge in reference to the practicability of this treatment; and whether, so far, the issue demonstrates a procedure not heretofore authorized, or to any great extent practised, to be judicious and desirable.

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#### FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 96.]

"I do not fail to notice that this position has serious objections, and that it is liable to inconveniences which must always, probably, prevent its being adopted as the usual plan of treatment for frac-



tured arms. It is more inconvenient to get up and lie down, or even to sit down, in this position of the arm, and the hand is liable to swell. But I shall not be surprised to learn that experience will prove these objections to have less weight than we are now disposed to give them. Remember, the practice is yet untried—if I except the case which I am about to relate, and in which case, I am frank to say, these objections scarcely existed. The swelling of the hand was trivial, and only continued through the first fortnight, and the patient never spoke of the inconvenience of getting up or sitting down, or even of lying down.

“The following is the case to which I have just referred. Michael Mahar, laborer, æt. 35, broke his left humerus just below its middle, Dec. 14th, 1853. The arm was dressed by a skilful surgeon in Canada West, and who is well known to me as exceedingly ‘clever.’ After a few days from the time of the accident, ‘the starch bandage was put on as tight as it could be borne, and brought down on the forearm, so as to confine the motions of the elbow-joint.’ Six weeks after the injury, Jan. 29th, 1854, Mahar applied to me at the Hospital. No union had occurred. The motion between the fragments was very free, so that they passed each other with an audible click. There was little or no swelling or soreness. In short, everything indicated that union was not likely to occur without operative interference. The elbow was completely ankylosed. His health was unimpaired. I explained to my students what seemed to me to be the cause of the delayed union, and declared to them that I did not intend to attempt to establish adhesive action until I had straightened the arm. He had just witnessed the failure of a precisely similar case, in which I had made the attempt without straightening the arm, and without success. Feb. 6th, 1854, I had succeeded in making the arm nearly straight. I now punctured the upper end of the lower fragment with a small steel instrument, and, as well as I was able, thrust it between the fragments. Assisted by Dr. Boardman, I then applied a gutta percha splint from the top of the shoulder to the fingers, moulding it carefully to the whole of the back and sides of the limb, and securing it firmly with a paste roller. March 4th (not quite four weeks after the application of the splint), I opened the dressings for the second time, and carefully renewed them. A slight motion was yet perceptible between the fragments. March 18th, I opened the dressings for the third time, and found the union complete. This was within less than forty days. The patient was now dismissed. On the 29th of April following, the bone was re-fractured. Mahar had been assisting to load the ‘tender’ to a locomotive. While the train was just getting in motion, he was hanging to the tender by his sound arm, while another laborer seized upon his broken arm to keep himself upon the car, and with a violent and sudden pull wrenched him from the tender and re-produced the fracture. The next morning I applied

the dressings as before, and did not remove them during three weeks; at the end of this time the union was again complete. The splint was, however, re-applied, and has been continued to this time—a period of about six weeks.”\*

Since the date of the above paper, I have twice had opportunities to test the value of this mode of treatment in cases of somewhat delayed union of the humerus, and in each case with the same favorable result.

§ 6. *Base of the Condyles.* (*Fractures de l'extrémité inférieure de l'humerus.*—DUPUYTREN. *Fractures sus condyliennes de l'humerus.*—MALGAIGNE.)

*Causes.*—Of thirteen fractures at this point, nine occurred in children under ten years of age, the youngest being two years old.

In nine cases, the fracture has been produced by a fall, and it is presumed that the blow was received upon the elbow; in the remaining four cases the cause is not stated. I believe, therefore, that this fracture is generally the result of an indirect blow inflicted upon the extremity of the elbow; in a few examples, it has been produced by a blow received directly upon the point of fracture, as by the kick of a horse, &c., but I have never been able to trace it to a fall upon the hand. Recently, however, an eclectic physician in Cincinnati claimed that he had met with this fracture in a lad fourteen years old, produced by a fall upon the palm of the hand. Subsequently the parents of the lad sued the Doctor for damages, claiming that the accident was a dislocation of the radius and ulna backward, as it is, indeed, quite probable that it was; and alleging that his arm has been maimed by the long-continued, too tight and unnecessary bandaging.

*Direction of the fracture, displacement and symptoms.*

I think this fracture is generally oblique, and its line of direction upward and backward: in seven of the nine cases where this point was determined, such has been its apparent direction, and the lower fragment has been found drawn up behind the upper. Once I have found the lower fragment in front, and once on the outside of the upper.

Three of the thirteen were compound, comminuted fractures, this being a larger proportion of serious complications than I have found in any other fracture of a long bone.

I have never met with what I supposed to be a separation of the lower epiphysis, but surgical writers have occasionally spoken of this accident, and Dr. Watson, of New York, believes that he has seen one example in an infant not quite two years old. The limb had been violently wrenched by the mother, in attempting to lift her. She was not seen by Dr. Watson until the fourth day, at which time the swelling was such that the diagnosis could not be easily made out; but on the ninth day “it was apparent that the shaft of the humerus had been separated from its cartilaginous

\* Buffalo Med. Jour., vol. x., pp. 14-147.



expansion at the condyles, near the elbow." By the use of angular, paste-board splints, the reduction was maintained, and the fragments became united after about four or six weeks.\*

The diagnosis of this fracture is attended with peculiar difficulties, and it has occasionally been mistaken for a dislocation of the radius and ulna backward. DUPUYTREN says, "There is nothing so common as to see a fracture of the lower end of the humerus, immediately above the elbow joint, mistaken for a dislocation backward"; and he mentions three cases which have come under his own observation. I have found an opposite error, however, by far the most frequent, namely—a dislocation of both bones backward has been supposed to be a fracture.

The sources of this embarrassment are found in the proximity of the fracture to the joint, in the rapidity with which swelling occurs, and in the striking similarity of the symptoms which characterize the two accidents.

It will be necessary, therefore, to establish with care the differential diagnosis. The following are the signs of fracture:—

*First.*—Preternatural mobility, which, owing to the rapidity of the swelling and the contraction of the muscles whose tendons are stretched over the projecting ends of the bones, is often soon lost, being succeeded, sometimes, after a few hours, by a rigidity equal to that which is usually present in dislocations, or even greater. It is especially difficult to flex the arm, owing to the pressure by the upper fragment into the bend of the elbow.

*Second.*—Crepitus. This can usually be detected at any period if the arm is sufficiently extended, so as to bring the broken surfaces again into apposition.

*Third.*—When the extension is sufficient, reduction is easily effected, and the natural length of the arm is restored, but the limb immediately shortens when the extension is discontinued—especially if at the same moment the elbow is bent. This is a very important means of diagnosis.

*Fourth.*—A careful measurement, made from the point of the internal condyle to the acromion process, declares a positive shortening of the humerus.

*Fifth.*—By flexing and extending the forearm upon the arm, while the fingers are placed upon the lower portion of the humerus, the projecting fragments can be felt. Generally, the upper fragment being in front of the lower, and pressing down into the bend of the elbow, its end cannot be so easily recognized; but the upper end of the lower fragment can easily be made out when the forearm is considerably flexed. The lower end of the upper fragment feels more rough, and is less wide, than in dislocations.

*Sixth.*—The whole of the lower fragment is carried backward, and with it the radius and ulna, producing a striking prominence of the elbow and olecranon process. Efforts to straighten the

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\* Watson. New York Jour. Med., Nov. 1853, p. 430, second series, vol. xi.

forearm upon the arm, when no extension is used, increase rather than diminish this projection.

*Seventh.*—The forearm is slightly flexed upon the arm; the angle made at the elbow being about 25 or 30 deg.

*Eighth.*—The hand and forearm are proned.

*Ninth.*—The relations of the olecranon process with the two condyles remain unchanged.

*Signs of a dislocation of the radius and ulna backward.*

*First.*—Preternatural rigidity.

*Second.*—Absence of crepitus. It is in this joint especially that surgeons have been deceived by the chafing of the dislocated bones upon the inflamed joint surfaces, and have supposed that they discovered crepitus when no fracture existed. The rapidity with which inflammation develops itself after dislocations of the elbow joint, and the consequent abundant effusion of lymph, afford the probable explanation of this frequent error.

*Third.*—When reduced, the bones are not generally disposed to become again displaced, even though the elbow should be flexed.

*Fourth.*—The humerus is not shortened, but the olecranon process approaches the acromion process.

*Fifth.*—There are no sharp, projecting points of bone. The lower end of the humerus may not always be felt in the bend of the elbow; but when it is felt, it is found to be relatively smooth, broad and round.

*Sixth.*—A remarkable prominence of the elbow and olecranon process, which prominence is sensibly diminished when an effort is made to straighten the forearm on the arm.

*Seventh.*—Forearm flexed upon the arm to about the same degree as in fracture.

*Eighth.*—Hand and forearm proned, precisely as in fracture.

*Ninth.*—Relations of the olecranon process to the condyles changed very greatly.

The most constant diagnostic signs are, then, in the case of a fracture,—crepitus, shortening of the humerus, projection of the sharp ends of the fragments, and an increase of the projection of the elbow when an attempt is made to straighten the arm: and in the case of a dislocation, the absence of crepitus, humerus not shortened while the olecranon approaches the acromion process, smooth round head of the humerus lost, or indistinctly felt in the bend of the elbow, the projection of the point of the elbow diminished when an attempt is made to straighten the forearm on the arm.

It is proper also to repeat here what we have already said in relation to the causes of these fractures. A fracture at this point is produced almost always by a fall upon the elbow, but a dislocation of the radius and ulna backward can never be. On the other hand, a dislocation is produced in almost every instance by a fall upon the palm of the hand, but I have never known a fracture above the condyles to be thus produced.



## SUIT FOR DAMAGES FOR USING SULPHURIC ETHER.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It is announced in a public print that W. T. G. Morton has entered a suit against Dr. Davis, Surgeon of the U. S. Marine Hospital at Chelsea, for infringing his patent for the use of Ether as an anæsthetic, laying damages at \$5,000. This is a strange proceeding, surely, after the boast of his friends, a few years since, when, striving to excite “palpable sympathy” for him, they asserted he had given this precious boon of anæsthesia “to be as free as heaven’s own sunshine.” We have never yet known it to cost any one \$5,000 for the privilege of using “heaven’s own sunshine.” But this suit has other import. What will be the consequence if it is decided in favor of Morton? If Dr. Davis can be mulcted \$5,000 for its use in the U. S. Marine Hospital, what sum will the Surgeons of the Massachusetts General Hospital have to pay for using it? Or will they be let off, in consideration of a certain *quo* for a certain *quid*? But should they be let off, there would still be enough Dr. Davises left, viz.—the city institutions, all operators in surgery, all dentists. These in turn, and, in short, all who ever use anæsthetics, would be equally liable with Dr. Davis for a certain number of hundreds or thousands of dollars, in proportion to the frequency with which they handle the scalpel or pullikens. Such is the aspect of the affair, at the best of it; and, limited to it alone, we might hope that Morton will be cast, and judgment given in favor of Davis, and that anæsthesia may still be as “free as heaven’s own sunshine,” and humanity still enjoy its boon.

But the affair has another look when we are told, by the same daily print, that this is an amicable suit, gotten up, of course, with Dr. Davis’s consent, for the ulterior views of Morton. This is a grave charge against one of our profession, and we are astonished that Dr. D. has not explicitly denied it long since—that he has suffered it to remain uncontradicted, repeated from paper to paper, for a month. It may be said that it ought not to be believed—that it is too gross on the face of it; but there are certain reasons for the plausibility of the charge. First, the well-known unscrupulousness of Morton—his deadness to all moral sense—favors it on general principles; and we do know, positively and personally, that he made a distinct request of a medical gentleman, high in public office, for permission to enter an amicable suit against him, in order to establish a prestige for him (Morton), under which he could more successfully and effectively carry on his operations in Congress. The offer was spurned with a scorn and contempt commensurate with the high honor of the man to whom it was made. We are sorry that Dr. Davis has not shown some such feeling on occasion of his being charged with such disgraceful collusion. Another thing is suspicious:—the suit has

been entered, and Dr. Davis's property been for some time attached to meet its demands; yet two weeks ago he had not employed any counsel, though the suit is to be tried next month. Were this a private matter, we would feel no right to thus parade Dr. Davis's name, coupled with such dark suspicions against him. We hold our own character higher than even the reports of a daily print, and would not care to set it fair where it had been clouded from such a source. But this is a matter where the profession at large, and Dr. D.'s relations with it, are greatly concerned. He is not to be the only sufferer, if suffering there is to be. The assault on him is not an affair that stops with his defeat. The passage with him is one in which Morton has nothing to lose, but everything to gain; where every advantage accrues to the latter, and which, if in any measure triumphant, will be used according to that measure to the discomfort of the profession, to the annoyance of every practitioner in it, and to the advancement of one who has hitherto shown no sympathy with it, and now proves that he has none even with the sufferings of his fellow-creatures. We therefore feel that we have a right to address Dr. Davis thus. Accident has placed him in a situation which makes him, in a certain matter, the champion of the profession against the absurd claims of charlatanry. We have a right to ask him why he is not doing, and what he is doing, and even what does he mean to do? To put the mildest construction upon it, he has thus far been the "chevalier fainéant," and he cannot be astonished we should be anxious for him and for ourselves, until we see some unequivocal demonstration from him.

W. E. C.

## **Reports of Medical Societies.**

- EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUG. 23d.—*Yellow Fever in Boston.* Dr. AYER read the following report of two cases of this disease, the first case being partly from the notes of Dr. C. E. Briggs.

CASE I.—Tuesday, July 20, 5.30 P.M., Dr. BRIGGS was called to Mrs. R., aged about 40 years, on board barque St. Mary, at Boston Wharf (South Boston), who was complaining of violent headache. Dr. B. saw about  $\frac{3}{4}$  iv. of blackish, slimy matter, which she had vomited, and understood that she had vomited more that had been thrown away. She had eaten, before breakfast, at her own house, some guava jelly. No appetite through the day; one dejection; skin hot, but moist; pulse frequent; no special pains. Right eye injected. Had menstruated the preceding week; some show in the morning. Patient walked with considerable strength to the carriage, and returned to her home, No. 500 Commercial Street. She vomited, on the way, more of the dark brown matter, and before the visit had taken sage tea. Ordered, **R.**—Calomelanos, Jalapæ, aa gr. vi.;



Pulv. Ipecac. et Opii, gr. xii. M. Chart. No. ii. Pediluvium; mustard to epigastrium, if the vomiting be distressing.

Wednesday, July 21, 9.30 A.M.—No pains of back or limbs; no tenderness or spots on abdomen. Pulse 90. White coat on the tongue. No appearance of menses; watery evacuation from the stomach; both eyes injected; light disagreeable; the eyes not painful on pressure; no yellowness. The medicine ordered yesterday vomited immediately. Forbade plum cake, pine-apple and sage tea, and prescribed Ol. Ricini, ℥ i., in two potions, and a febrifuge every hour.

Thursday, 22d.—Pain in one arm; eyes less injected; no pain of limbs, or tenderness of abdomen, or spots. Nausea continues; oil operated several times—soft yellow dejection.

Friday, 23d.—Pulse 70. Had a comfortable fluid dejection. Complained of weakness. Had what she called a fainting fit the preceding night, and called Dr. Ayer, who prescribed. No spots of the abdomen or tenderness, and no yellowness.

Thursday evening, 10 o'clock.—Mrs. R. was visited by Dr. Ayer, and found seriously ill. Complained of cramps of both hands and arms. Skin cold and clammy, as in cholera; pain at epigastrium, with constant vomiting at intervals of fifteen minutes. Was informed that she had been brought home from a barque at quarantine, where she had been washing for several days. A physician had visited her, but the friends said they neither knew his name nor expected any further visits.

The fluid vomited was dark and grumous, inodorous, and of the consistence of coffee grounds. Bowels open; urine scanty. Pulse 76, and feeble; respiration hurried, with slight cough. Tongue moist, with dark brown fur. Dry friction with flannel and mustard was ordered, and sinapisms to epigastrium and feet. One grain of calomel, with half a grain of opium, was ordered to be taken every hour, and two drops of chloroform in a teaspoonful of the syrup of acacia, *pro re nata*.

Friday morning, 23d.—Cramps have ceased; she had slept a little; skin of moderate temperature. Pulse about 90, and had fallen off in strength. Icteric, about face, neck and chest. Vomiting continues, the ejecta being perfectly black. Difficulty of breathing; chest slightly dull on percussion; expectoration viscid and scanty. Evident symptoms of mild pneumonia. The medicine was ordered to be continued, and, in addition, a sinapism to the chest and an expectorant mixture of the syrups of senega and squills.

Saturday, 24th, 6½ A.M.—Was called before breakfast, and found the patient decidedly more ill. The yellowness extended to the abdomen. Pulse 90, tense and weak; pneumonic symptoms more urgent; black vomit continues. The body comfortably warm, but extremities cold. Mental faculties clear. The treatment to be continued; and a blister, 4 by 6 inches, to be applied to the chest. Bowels soluble.

Mrs. R. died about 11 o'clock, A.M. Shortly before death, the attendants state that she coughed up half a pint of fresh blood. The blister was not applied. Mind clear to the last. The body perfectly icteric, or lemon-colored, after death. An autopsy could not be obtained.

CASE II.—Martin M., æt. about 36 years, an Irish grocer, of intemperate habits, residing at No. 372 North Street, was visited early Sunday morning, July 25th. He complained of lassitude and chills

the preceding day, but had attended to his business. During the night he was seized with violent vomiting, which continued at the time of the visit, at intervals of ten minutes. The patient was in bed; pulse 100, and tense; skin hot and dry, especially about the head. Tongue moist, with a dirty brown coat. Urgent thirst and constant anorexia. The fluid vomited was of a pale green color, inodorous, and without sediment. Pressure over the epigastrium caused pain. He had had no defecation for twenty-four hours; urine had passed in the night. Conjunctiva of both eyes highly injected; the skin was slightly icteric about the eyes and face. Extremities hot and dry. The patient attributed his illness to a sudden cold, but denied exposure on board of any vessel. Sinapisms were ordered to the epigastrium and feet. **R.**—Hydrarg. chlorid. mit., gr. xv. Div. in chart. No. iii.; one every two hours, to be followed by enema if necessary. **R.**—Liquor ammon. acet., Spts. æther. nitros., aa eq. pts. One teaspoonful every four hours, and chloroform in Syr. acaciæ, p. r. n. Diet, tea and gruel, with ice and iced water in small quantities.

25th, P.M.—Patient more comfortable; cathartic had operated freely three times. Dejections not saved for inspection, but represented as dark-colored and copious. Vomiting continues, but not so frequently; the matter is darker, with grumous sediment. The liquid portion is yet of a pale green color. Pulse 95; skin cooler; thirst less. No urine, and the bladder empty. The icteric hue had extended to the chest. Little nourishment had been taken. **R.**—Pulv. opii, gr.  $\frac{1}{4}$ ; calomel, gr. i.; M.; every two hours.

26th.—Patient reports himself more comfortable; had fifteen dejections during the night. Yellowness brighter and more diffused, extending to the abdomen. No urine; conjunctivæ less injected; coat of the tongue has become black; vomiting continues. The matter vomited is like coffee grounds—soluble in water—presenting the appearance of disorganized blood. Kreosote was substituted for chloroform. Pulse weaker. The medicine was ordered to be continued.

26th, P.M.—No defecation; pulse 92, weaker. Vomiting incessant; no urine. Patient's strength failing—unable to take nourishment. Mind clear. The following was now ordered: **R.**—Morphiæ sulphatis, gr. i.; Hydrargyri chloridi mitis, gr. vi. Chart. No. vi. One every two hours; also a blister, 5 by 6, to the epigastrium.

27th.—Patient sitting up; had had no sleep. Pulse 88; vomiting continues; countenance haggard and spirits depressed. Blister filled with dark, inky serum. Patient refuses medicine, and is promised the benefit of a consultation.

3 o'clock, P.M.—Dr. H. G. CLARK saw the case in consultation. Pulse 88, more feeble; skin moderately cool; no urine had been passed since the first visit, and none had been secreted. Vomiting continues, but less was thrown up. The entire body and limbs were lemon-colored. Strength rapidly failing; the mind begins to wander. His answers, however, are prompt and correct.

The patient died between 11 and 12 o'clock of the same evening, with little change except a rapid sinking. The duration of the disease was four days; under treatment, only three.

No remedy appeared to check the progress of the disease, or ameliorate the symptoms, except, perhaps, the cathartic given at the first visit. No autopsy was made. From inquiries since his death, it has been satisfactorily ascertained that he had visited one or two West



India vessels infected with yellow fever, but for certain reasons refused to disclose the fact.

Dr. CLARK referred to local exposure on board of vessels which have arrived from yellow fever ports, as the direct cause of the sickness in each of these cases, and in several other instances which had come under his own observation.

CASE III.—Patrick Bayle, 20 years of age, had been on board the schooner "Julia Rogers," from Wilmington, N. C., loaded with tar, &c. He was taken sick on the 18th of July, and died on the 23d. He had a dry tongue, a dusky skin, epistaxis, a slow and soft pulse, some retching, but no vomiting. He had muscular strength enough to walk into the street, get into a carriage, and ride two miles, with but little discomfort, the day before his death.

CASES IV. and V.—Mr. and Mrs. Isley, of Chelsea, went on board the same barque on the 17th, and staid until the 19th, when they went ashore well; but were both taken sick the next day, and had, when seen by Dr. C. on the 26th, well developed yellow fever. These patients were treated by Dr. Wheeler, of Chelsea, and both recovered. An infant child which was with them was not affected.

These cases, and many others equally well traced, make it quite certain that the fever can be imported and communicated from vessels arriving in this way from yellow fever ports, and mark distinctly the wisdom and necessity of putting them under surveillance, until they shall be proved to be, sanitarily, in good order.

AUG. 23d.—*Cancer of the Stomach, followed by adhesion to the abdominal parietes, and the formation of an abscess in the latter.* The specimen shown by Dr. ELLIS was removed from an intemperate man above fifty years of age, who had been for some time under the care of Dr. BUCKINGHAM, by whom the case was reported to the Society for Medical Observation. For about a year the patient had been subject to nausea, and occasionally vomiting. His general appearance was that of a man suffering from great anæmia, but under tonic treatment he improved somewhat, and was able to ride out. Four or five weeks before his death, he vomited a dark brownish substance, and from that time constantly failed. This vomiting came on suddenly, at a time when he was doing well, gaining in flesh, with increasing appetite, and upon the day that a medical electrician was surreptitiously introduced, who passed a galvanic current through the stomach, for more than an hour at each sitting, on three successive days. Vomiting was at once excited, and continued until his death, accompanied with the most excruciating pain. Three months before, a slightly movable tumor, about an inch and a half in diameter, made its appearance beneath the ribs, to the left of the median line. At this part was a strong pulsation. Previously to the use of the galvanic current, this tumor had apparently diminished in size, was not painful, except upon firm pressure, and at times, for several days, the pulsation was not perceptible to the patient. After that time, his whole condition was changed, as above stated.

*Sectio Cadaveris.*—At the time of the examination, the swelling mentioned above was crepitant. The left rectus muscle, a short distance below the ribs, was adherent to the stomach, the transverse colon and the liver.

The stomach was of the usual size. Occupying, and entirely surrounding the last four or five inches of the pyloric portion, was a

morbid growth, upward of half an inch in thickness at its circumference; the line of demarkation between it and the healthy tissue being sharply defined. The mucous membrane extended a short distance over its edge, but was elsewhere entirely wanting. The exposed surface was irregular, deeply ulcerated, of a brownish color, and quite offensive. It apparently originated in the submucous cellular coat, but this point was difficult to decide, as the disease commenced abruptly in the part mentioned—all of the coats being more or less involved, and converted into an opaque, whitish tissue. In some parts, a somewhat translucent appearance was noticed, as when the muscular coat is hypertrophied. The disease was much thicker at the confines than within them, where it measured perhaps three or four lines.

External to the stomach were smooth round or oval masses, from half an inch to two inches in diameter. One of these, which was incised, contained a thick, milky fluid. This was filled with large, irregular cells, containing large nuclei and nucleoli. The appearances, both to the naked eye and microscopically, were those of encephaloid. In the disease occupying the stomach, cells were found; not so characteristic as those above described, but sufficiently so, when taken in connection with them, to indicate the identity of the two.

The enlargement noticed externally was caused by an abscess, about five inches in length and two in breadth, in and beneath the rectus muscle. At one point the muscle had been nearly perforated, so that the pus lay just beneath the skin. This abscess communicated with the interior of the stomach, through an opening situated about an inch and a half from the pylorus. No pus was noticed in the stomach, but the dark brown color of the contents would have prevented its detection, unless the quantity had been very large. In that limited portion of the liver which adhered to the diseased mass, was a little pus. The organ was elsewhere healthy. Other organs not remarkable.

AUG. 23d.—*Cancer of the Ascending Colon, terminating in Perforation and circumscribed Peritonitis.* The specimen was shown by Dr. ELLIS.

The patient was a married woman, 68 years of age, who had been under the care of Dr. JEFFRIES. She had always enjoyed good health, with the exception that, for some time previous to her illness, she had been subject to what were considered "bilious attacks." Towards the close of last year, she had an attack of apoplexy, from which she recovered. Four or five weeks before death, she was attacked with chills, pains in various parts of the body, and lassitude; in a word, the symptoms were those of commencing typhoid fever. These had lasted four or five days before she was seen by her attending physician, when it was ascertained that she had taken food as usual, and that there had been slight diarrhœa. Nothing unnatural was detected by a thorough examination. The abdomen was soft, and not in the least tender in any part. Pulse 76. Mind perfectly clear. After a gentle aperient she felt decidedly better, and on the third day complained of nothing but prostration. Pulse 64. For a fortnight, she continued very comfortable, but showed no disposition to take food. Though there was no pain nor uneasiness, and the coat disappeared from the tongue, the latter remained red and dry, and there was no decided improvement. Two days afterward, she did not feel so well, and complained of a little uneasiness in the right side of the abdomen,



which was also full and tender. The pain extended from the hepatic region upward to the shoulder and arm.

Two weeks before her death, she was suddenly attacked with severe spasmodic pain in the right hypochondrium, attended by nausea and retching. The pulse was 80, and rather small. There was great tenderness, predominating in the hepatic region, but felt also below. In about an hour and a half, the acute pain subsided, but the tenderness remained, and, shortly after, became more marked in the neighborhood of the ileum, where there were also considerable fulness and firmness. These symptoms persisting, she gradually sank and died on July 20th.

*Sectio Cadaveris.*—On examination of the body, the parietes of the lower part of the right side of the abdomen were found adherent to the organ below. A separation was, however, effected with but little difficulty. The parts involved were of a green color, quite offensive, and surrounded by pus, the exact seat of which was not ascertained. Still, there was no general peritonitis. On opening the large intestine, it was found healthy, with the exception of the part just above the cœcum. At this point was a morbid growth, involving the whole circumference of the colon. The size of the canal was much less than that of the parts above and below, though the constriction was not sufficient to cause any great accumulation of fecal matter. The diseased portion was between two and three inches in breadth, and elevated about three lines above the mucous surface, from which it rose abruptly. Its margin was so sharply defined that it was difficult to say where the disease originated; but the submucous cellular tissue was probably its primary seat, though all the coats were, for the most part, involved. With the exception of the margin, where the mucous membrane still remained, the surface of the disease was very irregular, dark and ulcerated. The tissue was pretty firm, and of a whitish color. Examined microscopically, it was found to contain such cells as are usually found in cancerous growths. A free opening, two lines in diameter, existed in the wall of the intestine, establishing a communication with peritoneal cavity, at the point where the adhesion and pus were found. The other organs were examined, and found healthy.

Dr. JACKSON remarked, to the stomach just shown, that he did not remember to have before seen the pylorus involved in a case of encephaloid disease—its situation, at a little distance from this important part of the organ, probably accounting for the comparative latency of the disease. The involving of the abdominal parietes had not before been noticed, so far as he was aware, although an external opening had been known to be effected.

The liver, in this case, was healthy—a fact worthy to be noted, as this organ generally contains encephaloid masses where the stomach is affected; and Dr. J. thought that it might be explained upon the supposition of an absorption of the cancerous matter by the gastric branches of the vena porta; the question of priority not having been sufficiently regarded by pathologists.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 16, 1858.
 

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## ANÆSTHETICS IN THE TREATMENT OF MEDICAL DISEASES.

THE beneficial effects of the inhalation of anæsthetic agents in the treatment of convulsive forms of disease, seems to be slowly making an impression on the minds of medical men. The convulsions of parturient women are those in which their beneficial effects are perhaps most manifest, and widest known. Scattered among the reports of Medical Societies printed in this JOURNAL, will be found many interesting cases in which the inhalation of sulphuric ether was resorted to with complete success in this distressing affection. The same result has frequently followed its use in the convulsions of children. In other cases, where the remedy has failed to cure, it has greatly mitigated the sufferings of the patient, as in the spasms of tetanus and of hydrophobia. At the annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, in June last, the treatment of mania by anæsthetics was the subject of a most interesting discussion, and the general opinion was decidedly in favor of the benefit derived from their employment. The subject was brought before the Association in a paper read by Dr. Tyler, of the McLean Asylum. A great number of successful cases was reported, among which was one under the care of Dr. Bemis, of the State Hospital at Worcester. The patient, who was very excitable, was passing through one of those distressing paroxysms, which tend not only to wear out the patient, but the attendants also. Day after day, night after night, he suffered from terrible excitement, defacing his room, and obtaining no rest whatever. "After we had suffered it," said he, "as long as it seemed humane to wait, we one night put him under the influence of sulphuric ether. It left him in a quiet state, so that he slept comfortably all that night, and we heard no more from him until the next morning. He was comfortable during all the early part of the next day. Towards night he became boisterous again, when ether was administered, and he passed another quiet night. All the following morning he was comfortable, but becoming excited towards evening, another dose was given with the like result. This was kept up for many weeks. The patient gradually improved, and was finally discharged cured, and has had no trouble since." Dr. Bemis has also used the chloric ether, with the same results. Some of the members preferred chloroform.

We think the preference should be decidedly given to sulphuric ether, on account of the uncertain, and, occasionally, fatal effects of chloroform, in which opinion we coincide with Dr. Smith, of Philadelphia, who remarked that there was no well authenticated case on record, of death having resulted from the inhalation of sulphuric ether, and regretted he could not say as much for chloroform. As anæsthesia could be as thoroughly induced by ether as by chloroform, this fact was sufficient to determine his choice.

The use of anæsthetics has been too exclusively confined to the relief of pain, or the relaxation of spasm, during surgical operations.



It is capable of a wide application as a remedial agent in the treatment of many medical diseases, and deserves to be wider known and better appreciated.

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*Dr. A. A. Gould.*—We are happy to learn that this justly esteemed physician has returned to Boston, from his tour in Europe, with renewed health, and ability to resume those professional duties to which his life has hitherto been so ardently and successfully devoted. We are confident that what he has seen and heard during his few months' absence, will not only benefit himself, but all with whom he is associated, either as friend, physician or scientific observer. He is welcome home again.

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*Sugar in Diarrhœa.*—MESSRS. EDITORS,—In your last issue was a paragraph from *Ranking's Abstract*, speaking of the medicinal use of sugar in cases of diarrhœa, &c. I have long considered sugar as a preventive to the injurious effects of fruit when eaten in warm weather, and in cases of diarrhœa of children have been in the habit of combining powdered sugar and hydrargyrum cum creta, with good result.

Yours, &c.,

I. R. LITTLE.

PORTLAND, Me., Sept. 4, 1858.

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*Death of the Lower Extremity from a Tight Bandage.*—Dr. R. H. Dalton, of Aberdeen, Mi., in a letter to the editor of the Buffalo Medical Journal, gives an account of a case in which, after fracture of the thigh in a negro lad of about sixteen years, a bandage was applied by another physician, from the toes to the groin, and retained. Dr. D. saw the case a fortnight after, when the whole extremity was found in a state of dry gangrene, except the upper two thirds of the thigh, which was enormously swollen. By request of the owner of the lad, amputation was performed, much blood being lost. After the operation, the amputated limb was found in as perfect a state of preservation as an Egyptian mummy, the muscles when cut being as hard as wood, presenting the appearance of dried beef, and the veins and arteries entirely obliterated. Recovery took place.

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*Health of St. Louis.*—The high water of the spring, followed by the extreme heat of the summer, have given rise to an unusual amount of intermittent and remittent disease during the present season, especially in the outskirts and environs of the city. In the vast majority of instances these cases have yielded readily to treatment. Occasionally, however, they have assumed the typhoid form, when convalescence was more tedious, and in some few instance death resulted. During the hot weather of the latter part of July, and the beginning of August, quite a number of deaths occurred from sun-stroke, principally among the intemperate and exposed; the same cause also gave rise to an increased mortality among young children during the same period.

Our hospitals, too, have been well filled with patients, and occasionally a death has taken place from yellow fever imported from New Orleans, but in no instance has this disease originated here, nor spread even when introduced into a crowded ward—showing most conclusively its non-contagiousness.—*St. Louis Med. & Surg. Journal.*

*A New System of Fees.*—The medical men of Rouen have, it is stated, held public meetings of their body to fix the tariff of charges, and the result is that the laity is divided into four social categories, and a sliding scale of payment has been arranged. Ten francs is the highest figure, even for a consultation, but night work and journeys are declared to be entitled to a higher remuneration.

We cannot conceive the possibility of a satisfactory arrangement being made under this Rabelaisian code; nor can we believe that the inhabitants of Rouen are likely to submit to any such arrangement. Surely it is impossible to draw the line of distinction which shall entitle the profession to make different fixed charges in each case for the same amount of care and trouble. We should be curious, at least, to see the categories, and to attempt the appreciation of the motives which may have induced the inscription of various names in one or the other. To us the very principle appears false, since the labor given must always possess its own fixed value, whoever may profit by it; and if any modification of fee be at any time called for by the circumstances of the client, this must remain a subject of special consideration in each case.—*London Lancet*.

*Inhalation of Sal-Ammoniac in Chronic Catarrh.*—Dr. Gieseler speaks highly of this. A drachm of dry muriate of ammonia is heated over a spirit-lamp, and the patient inhales the vapor. He says the same means are of service in scrofulous affections of the eyes, and in catarrh of the bladder.—*American Druggist's Circular*.

*Yellow Fever.*—The deaths by yellow fever in Charleston during the past week were 103. The Chairman of the Board of Savannah reports a few sporadic cases of yellow fever since Wednesday, 8th inst., of a mild type, but no epidemic. The deaths in New Orleans on the 12th, by yellow fever, were 70, and for the week 470.

*A New Anæsthetic.*—J. D. Wingate, of Bellefont, Penn., states, in the *Dental News Letter*, that he has used the *essence of cloves* in a number of instances, producing sufficient anæsthetic effect for dental purposes. He administers from ten to sixty drops, and latterly has combined a small quantity of the essence of nutmeg with the essence of cloves.—*Medical Reporter*.

*Health of the City.*—The great mortality from cholera infantum still continues, the number of deaths last week being greater than was ever known before in the same time, except in the epidemics of cholera in 1849 and scarlatina in 1856-7. There were 8 deaths from dysentery, and 7 from casualties. The total mortality for the corresponding week of 1857 was 105, of which 21 deaths were from cholera infantum, 7 from dysentery, 18 from consumption, 2 from pneumonia, and 1 from casualty.

DIED.—At Marblehead, Sept. 10th, Chandler Flagg, M.D., aged 77 years.—At Fitchburg, James P. C. Cummings, M.D., 28.

*Deaths in Boston* for the week ending Saturday noon, September 11th, 114. Males, 57—Females, 57.—Accident, 4—abscess (in uterus), 1—inflammation of the bowels, 1—inflammation of the brain, 2—congestion of the brain, 1—cancer, 1—consumption, 13—convulsions, 1—cholera infantum, 40—dysentery, 8—diarrhoea, 2—dropsy in the head, 5—drowned, 3—debility, 2—infantile diseases, 8—puerperal, 1—fracture of the leg (compound), 1—scarlet fever, 1—disease of the heart, 1—hemorrhage, 1—insanity, 1—inflammation of the lungs, 2—congestion of the lungs, 1—disease of the liver, 2—marasmus, 2—palsy, 1—premature birth, 1—sore throat, 2—teething, 3—thrush, 2—tumor in side, 1.

Under 5 years, 67—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 6—above 60 years, 13. Born in the United States, 89—Ireland, 19—other places, 6.



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## SIX CASES OF SUCCESSFUL OPERATION, IN ONE FAMILY, ON CHILDREN BORN BLIND.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

IN February, 1857, I visited a German family, residing near the southern boundary of this city, of which five members, the mother and four children, were affected with cataract in both eyes, evidently of congenital origin.

The mother was not aware of any cases among her eight brothers and sisters, or among her ancestors. In her, the lens exhibited in each eye a disseminated, dotted opacity, the cloudy spots being most numerous near the centre, while the margin of the lens was comparatively clear. Consequently, in a bright light she was almost entirely blind, but in a moderate light saw sufficiently well to perform, in a slovenly manner, the household duties of a laborer's wife. The capsule of the lens, in her eyes, and also in those of the children, was transparent. Her hair and irides were dark; the children had light hair and a grey or blue iris. She has two other children, whose eyes as yet exhibit no trace of cataract. The order of succession in the cases was as follows. The oldest girl had cataract; the second child, a girl, was free from the disease; the third and fourth children, a boy and girl, were affected; the fifth, a girl, was free; the sixth, a boy, was affected.

The eyes of the children presented nearly similar appearances, and one description may answer for the whole. Nearly the entire field of the pupil was occupied by opacities, consisting of dots of various sizes, and evidently occupying different planes of the lens. In a bright light, reflections from crystals of cholesterine could be plainly seen. All the patients had sufficient vision to enable them to find their way in a moderate light, when the pupil was so far expanded as to allow of vision through the margin of the lens; but in a bright sunlight they were nearly blind, and their sight was at no time sufficient to enable them to learn to read, or to gain a livelihood by ordinary pursuits.

Six operations were performed, on the afternoon of the 5th of  
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February; on the oldest girl, aged about 17, the boy about 12, and girl about 10 years. As I believed the entire lens might safely be at once broken up in these cases, the same method was pursued in operating on all the eyes, the lens and capsule being freely divided by means of a needle introduced through the sclerotica. Sparkling reflections from crystals of cholesterine were distinctly seen in the posterior chamber, by several physicians who were present. The eyes were covered with a dry compress and bandage, and the pupils were kept well dilated by the use of a solution of atropia. The oldest girl had very little pain or injection of the eyes, and no nausea. The boy had considerable pain in and around his left eye, and some nausea, continuing for two days. His right eye gave him no pain whatever. The youngest girl had considerable pain in the right eye, with intolerance of light, continuing four days. Her left eye gave her no pain at this time; but, the absorption of the lens going on slowly, a second operation was performed some months after, which caused some pain and nausea, but was followed by immediate absorption of the residue of the lenticular substance.

As the size and density of the fragments diminished, the absorption of the lenses went on more and more rapidly; but it was several months before the pupil became perfectly clear in all the six eyes. The children have now perfect vision, with the aid of the ordinary cataract glasses, and they will be able to follow any occupation they may prefer. The mother, and the child of two years, have not yet been operated on, the mother being timorous as regards her own eyes, even with the brilliant results before her obtained by the operations on her children, and wishing to have the little one left undisturbed till he is older. There is nothing in either of their cases less favorable than in those which have already been relieved.

I have seen another instance, in a family residing in this State, of no less than *seven* cases. Other children in the family were free from the disease. Some of the eyes had been operated on, but I think without much success, on account of portions of the capsule which were left behind and had become tough. These might, however, be readily removed by the small canula-forceps. Mr. Streatfeild also reports an example, in the third No. of the "Ophthalmic Hospital Reports," of six cases of double cataract, five children and their mother. Three other children exhibited no defect of vision. Two of this family had been operated on, with partial success. The cases now reported are interesting from the rare occurrence of such a group, and the still more rare performance of so many operations at one time in a single family; and the results are particularly gratifying, as they have given almost a new existence to those, who, but for the resources of our Art, must have been unfortunate and helpless during their whole lives.

*Essex Street, September, 1858.*



## A CASE OF RETRO-RECTAL HÆMATOCELE.

[Read before the Boston Society for Medical Observation, September 6th, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY CALVIN G. PAGE, M.D.

THE source of hæmorrhage in retro-uterine hæmatocele is not yet definitely settled. The prevailing opinion seems to be, that it is the result of the rupture of the Graffian vesicle between the ovary and peritoneum. In the case herein reported, I think we have reason to doubt whether the ovary were the source of the hæmorrhage.

I was called on the 21st of April, 1858, to see Mrs. M. J. D., aged 23. The patient is the mother of two children, but has not lived with her husband for some months. She is of dark complexion, and nervous temperament. Since her last child was weaned, the catamenia have been regular, but profuse and painful. Fourteen days ago, nearly two weeks after the last catamenia, she washed some clothes, using considerable exertion. After hanging them on the shed, in coming down the shed steps, she slipped, falling with her whole weight on the sacrum. She was able to get into the house, but experienced immediately strong, sharp, bearing down pains in the back, with nausea and faintness. The pains continued with moderate severity, very much aggravated by attempts at defæcation. The desire to evacuate the bowels was frequent, but very little was passed, and that was flattened like ribbon, and came away only with great pain and effort. Three days ago the catamenia made their appearance, aggravating the pain and producing great uneasiness.

I found the patient lying down, and writhing with pain; skin hot, tongue pretty clean, pulse full and slightly accelerated. She went up stairs with difficulty, and could walk with comfort only when stooping over. On examination by the vagina, I found the catamenia present, vagina hot, os uteri at normal distance, but slightly thrown forward. Behind the body and neck of the uterus was a moderately hard, circumscribed swelling, about as large as a hen's egg, ovoid in shape, and very tender to the touch. On examining by the rectum, I found the above characteristics more marked, and was enabled to make out more definitely the position of the tumor. It was behind the rectum, slightly to the right of that canal, and pushing it to the left. The rectum was so nearly closed by the pressure of the tumor that I could not pass my finger beyond the middle point of the tumor, at its greatest transverse diameter. The pain caused by pressure upon the rectum at that point was intense. The promontory of the sacrum could not be felt. Deep pressure upon the abdomen in the pubic region gave a feeling of soreness. The uterus could be felt through the abdomen indistinctly. An enema was ordered, and after its operation a suppository containing half a grain of morphine was directed to be placed in the rectum; the patient to remain in bed, and have liquid farinaceous diet.

April 22d. The enema ordered yesterday was given, but did not come away. The patient's mother waited an hour, then gave her the suppository. This began to relieve the pain in about half an hour. She was drowsy during the day, had very little pain, and slept well last night; is still somewhat under the effects of the morphine. Dr. Minot saw the patient with me to-day,—confirming the diagnosis.

23d. Patient still without pain, has not required another suppository; to keep quiet in bed. There is no change to report in the case, until the 26th. On that day the patient had a sudden desire to evacuate the bowels, and the mother reports a free alvine discharge, with blood and matter, giving great relief to the patient. On the 27th, I examined her by the vagina and the rectum, and found the tissues at the site of the tumor somewhat thickened, and the uterus in proper position.

The duration of the trouble, from the time of the accident to the spontaneous rupture of the swelling into the rectum, was twenty days. The interesting features of this case are, that the swelling was limited, and probably did not increase after its original formation. It discharged itself entirely at one effort, without operative interference, into the rectum. It did not occur at a catamenial period, but between the periods. It was retro-rectal as well as retro-uterine.

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#### TRAUMATIC TETANUS—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

JOHN OWEN, colored, 32 years old, healthy, temperate and muscular; employed in a planing mill; was wounded in the right leg by the discharge of a cannon, with which some boys were playing, July 5th, A.M. It was charged with powder and a quantity of paper wadding; the latter lodged in the wound; the skin was slightly burned.

When he was seen, an hour after the accident, a wound, into which the forefinger passed for two thirds of its length, was found in the right leg, three inches below the head of the fibula, and one inch posterior to the line of the bone. Hæmorrhage had not been profuse, and had quite ceased. Within the wound, the fibula was felt through the muscle, but the wad could not be distinguished, and could not be seized with forceps. The attempt was not long persisted in, for fear of causing irritation greater than would result from the presence of the paper in such healthy flesh.

Water-dressing and simple diet were ordered; the pain was not great. This was on Monday, July 5th. He was told to send whenever he wished attendance. Getting no message, I visited him July 8th; he was very comfortable; the wad could not be detected. Is to continue previous treatment, and summon his physician when needed.



July 19th, Monday.—I called, no message having been sent in the meantime; the wad had come away on Saturday, and he was comfortable, with the exception of slight "twitching" in the wounded leg. The wad was described as a single, large cylindrical mass.

Wednesday, 21st.—I was summoned, and found him complaining of "twitchings" in the leg, and stiffness in the back and neck, but not of pain—in fact, he had well-marked though slight tetanic spasms, every four or five minutes. No distinct opisthotonos, but during the attacks, the head was thrown back, the abdomen slightly advanced, and its muscles tonically contracted. There was much vague apprehension in his aspect, though none was expressed in words. I took from the wound a large quantity of paper tightly rolled together. Dressing of water and laudanum—quietude enjoined. P.M.—The removal of the cause of irritation has not stopped the spasms, though they were a little less pronounced; but the jaws were fixed, the teeth not meeting by an interval barely sufficient to show an inch of the tongue, which had a thick white coat. I directed extract of hyoscyamus in doses of two grains, increasing till forty grains are taken in twenty-four hours, and to continue water and laudanum to the wound. No marked benefit.

22d.—Four visits. Extract of cannabis Indica given in place of the hyoscyamus—forty grains in twenty-four hours; liquefied hyoscyamus to the wound, which is looking well; the bowels were moved by calomel; defæcation aggravated the spasms. No better at night; beef-tea.

23d.—Three visits. Forty grains of the Indian hemp, as before; whiskey, one pint, to be taken at intervals through the day; beef-tea; some difficulty in swallowing.

24th.—Three visits. Condition the same; continue whiskey and beef-tea; in place of the hemp, one third of a grain of morphia every two hours till the spasms are controlled or sleep supervenes. Two and one third grains, in twenty-four hours, gave slight relief. Brandy in place of whiskey, which has grown distasteful.

25th, Sunday.—Four visits; has passed a better night than before, since the attack; continue morphia; a little sleep; less complaint of stiffness in back and neck, but no real check to the spasms; purged with calomel. Egg, milk and brandy in place of beef-tea, which has become distasteful.

During the next four days, three visits were made *per diem*; patient's condition the same; no ease but from morphia, and no real *exemption* while under its influence; stimulants and similar diet.

30th, Friday.—Two visits; somewhat easier.

31st.—Worse; more tendency to opisthotonos; sensation of "creeping down" of leg, i. e., forcible and involuntary extension, whereas it has hitherto been flexed at an obtuse angle. With assistance, I etherized him at night; two ounces were sufficient to

relax him completely, and he did recover from its influence for an hour. Although he thought he had been worse since ether, his abdominal muscles were not quite so severely contracted after this date; still the spasms went on as before. P.M.—About the same. Has had tincture of aconite applied to the spinal region and jaws, all the past week; he swallows rather better.

Aug. 1st, Sunday.—Patient about the same; is disgusted with liquors; wine was ordered instead, a pint and a half daily.

2d.—Much the same. For the last week he has taken two thirds of a grain of morphia night and morning, and one third at intervals during the day, as needed; from one and one third to two and two thirds grains per diem. Small doses of croton oil were given every two days to open the bowels. He gains a little power over the jaws, and it is curious that rum-punch has had more relaxing power than anything else exhibited, though the effect of henbane and hemp, dissolved slowly in the mouth, has been tested.

Since Aug. 3d, he has steadily gained, and has more control over the limb and jaw; has more appetite and sleep, is less dependent on opiates, though these are still necessary, and is more hopeful.

9th.—Is able to chew; for the last three days has had twenty-five drops of vinegar of opium with valerian, instead of morphia; no alcoholic stimulant. I was informed, for the first time, that the attack on account of which I was summoned, was the second, the first being on Sunday, 18th July, the day after the wadding first came away, and that he worked on the wound a long while, on Saturday, with two knitting needles, using them roughly as probes, which operation he repeated on Tuesday, 20th. In both cases tetanic spasms followed. I was also told that he had always been very nervous, subject to melancholy and fits of weeping. While under treatment, however, he showed much fortitude.

16th.—Very little spasmodic action, and that mainly confined to the leg proper. Learning that he has been taking opium, he refuses to continue to use it; for some days his bowels have needed no cathartic; sits on the bedside a good deal.

18th.—Walked a little.

20th.—First day, since July 21st, when it has not been necessary to visit him.

31st.—While walking, was suddenly "tripped up" by a spasm in the leg; he inadvertently placed the right foot more squarely and firmly on the floor than usual.

Sept. 6th.—I visit him now merely from interest. He has sat up all day for the last ten days, and walked his room cautiously; fatigue brings on slight spasmodic action in the leg; he cannot flex or extend the leg freely, but the stiffness is diminishing by the use of friction over the ham or muscles of the thigh; reports himself perfectly comfortable.

10th.—Gone to work.

This man had an intelligent and faithful nurse. His brain was



slightly affected by morphia, not at all by stimulants; yet there is no doubt that his habits had been strictly temperate.

Mild as this case was (never requiring what was kept as a last resort, the pushing of etherization), it showed plainly the advantage of stimulating and sustaining treatment, and the absence of anything like specific power in any drug employed.

*Salem, Sept. 15th, 1858.*

F. WINSOR.

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#### THE PROPRIETY OF THE USE OF THE SPECULUM.

[Communicated for the Boston Med. and Surg. Journal.]

MESSRS. EDITORS,—In a late number of your JOURNAL I noticed some remarks by Dr. Robert Lee on the use or rather abuse of the speculum, in the treatment of uterine diseases. Although no one supposes that the editors of a scientific journal necessarily endorse the opinions of the writers whose communications appear in their pages, I beg permission to make a few remarks on the statements of Dr. Lee, which seem to me to be hardly founded in common experience, and which may do harm by leading some to abandon a means of diagnosis and treatment, which, though unquestionably liable to abuse in the hands of ignorant or unprincipled practitioners, is of the greatest advantage when judiciously employed.

Dr. Lee states that, out of 300 patients, 47 were unmarried, and that several were young; that the greater number (I presume of these 47) were treated for hysteria, leucorrhœa, dysmenorrhœa, or some nervous affection of the uterus, without inflammation, ulceration, or any structural disease or displacement of the organ. He further adds, "On the ground of morality, and on every other ground, the employment of the speculum in these 47 cases could admit of no defence." Leaving aside the singular fact, that Dr. Lee himself employed the speculum in these very cases, (for how could he otherwise be certain that there was no inflammation, ulceration, or other structural disease?) I would remark, that 47 unsuccessful cases, out of 300 treated by means of the speculum, is an exceedingly small proportion. In fact, to cure or even relieve 253 out of 300 is the best proof of the great advantage of the method employed. I believe, however, that the experience of every practitioner who has had much to do with the treatment of uterine diseases will prove less fortunate than this: still, making every allowance for the inaccuracy of Dr. Lee's statements, I see no ground whatever for the inference he draws in his first paragraph.

Again, Dr. Lee says that 70 of the patients were barren, and that "the sterility was not removed, nor the hysteria, leucorrhœa, or disordered menstruation, under which the greater number were laboring, in a single instance relieved, or any benefit obtained." This statement, like the last, proves too much. What! not a

single case relieved out of a total of 70! The thing is incredible; it is simply opposed to the experience of every practitioner. I know that cases of barrenness depending on structural disease of the womb, are very hard to cure; and, doubtless, in many of these instances, the sterility depended upon other causes; but when we are called upon to believe, that in no case was hysteria, leucorrhœa or disordered menstruation relieved, I must refuse my assent to such a wholesale assertion.

The third paragraph contains the account of a case which is only remarkable on account of "a false prognosis," whereby delusive hopes were held out to the friends of the patient. What this has to do with the employment of the speculum, I am at a loss to understand. Has Dr. Lee, or any other physician, never made a false prognosis, or unintentionally held out delusive hopes?

Dr. Lee says, that he has never seen a case of simple ulceration from chronic inflammation of the os or cervix uteri, and he objects to the employment of the term ulceration to conditions of the mucous membrane when it is not destroyed by ulceration. This objection may be valid; but if Dr. Lee denies ever having seen morbid appearances in the cervix, which, for want of a better term, are commonly called ulceration, I must infer that he is either deficient in the power of observation, or that he is committed to a certain opinion to which he makes his facts conform. The latter is evidently the case. The morbid appearances of the os uteri are evident to every impartial observer, and their treatment is rendered possible, and often successful, by means of the speculum. Like everything else, it is liable to abuse; but the abuses of unprincipled or incompetent practitioners can never be corrected by sweeping denunciations which are not supported by facts.

T. S.

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#### CASE OF ARREST OF DEVELOPMENT OF THE INTERNAL ORGANS OF GENERATION IN A FEMALE.

[Communicated for the Boston Medical and Surgical Journal.]

E. C., aged 20, was married at 16. Soon after marriage, her mother casually mentioned that her daughter had never been "regular," but that another daughter, married, and who has several children, did not menstruate until she was 20. She was told that matrimony would set matters aright.

The daughter, soon after marriage, complained of great soreness and inability to walk, and was laughed at, and the husband commended for a good lusty fellow. He left home in two weeks after marriage, and returned in two years, when the same complaint was made, and he deserted her a second time, to return again last spring. Then matters became worse than ever, and the parties came to blows, for which the husband was arrested and



confined. The mother then made a formal application to me, and was told that probably an operation would relieve the trouble, under the supposition that the case might be one of imperforate hymen, and that on the next day I would make an examination, and find out what the difficulty was.

The patient was inclined to plethora, had frequent severe headache, not periodical, and "bloated" a good deal. Had never had connection with her husband.

On examination, the mammæ were well developed. The external organs were normal in size and in appearance; pubes well covered with hair; the external labia of usual length. On separating the labia, the clitoris was normal in size and position. The orifice of the urethra was easily made out, immediately below which was a confused, unnatural state of the parts; and then, over what should have been the orifice of the vagina, was a smooth, depressed mucous surface, extending to the fourchette. This surface bore evidence of having been pretty severely contused, and was very sensitive to the touch. On separating the external labia still wider, with the assistance of the mother, the confused appearance below the urethra was resolved into perfectly formed, but very minute nymphæ, which being carefully drawn apart, a minute vagina was discovered, with rugæ distinct, but very small, lined with a thin mucous secretion, and terminating in a cul-de-sac. The whole canal might hold a small white bean, and was the size of a child's at birth. The catheter was passed, and with the finger in the rectum an effort was made to discover the uterus. The end of the catheter could easily be felt in the bladder, and throughout the canal, but no trace of a uterus could be made out, either with the catheter or by careful and persevering manipulation over the pubes. There was no tenderness nor fulness there, or over the ovaries. Sexual appetite was described as "very good."

The parties were informed that the case was irremediable, and that the marriage was illegal.

G. I. T.

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RESEARCHES WITH REGARD TO THE DEVELOPMENT AND PROPAGATION OF THE TRICHOCEPHALUS OF MAN AND OF ASCARIS LUMBRICOIDES.

BY M. C. DAVAINÉ.

[Translated for the Boston Medical and Surgical Journal.]

As anything which throws light upon the history of human entozoa, about which so little has been known until lately, is of interest, I offer no apology for sending you the following translation from the proceedings of the *Académie des Sciences* of June 21st of the present year. The paper was accompanied by figures illustrating the various stages of development of the ova.

S. L. A.

1. The trichocephalus dispar is usually met with in the human cæcum. From my investigations, I have come to the opinion that at least every other person in Paris is affected with it. The development of this entozoön has not been heretofore observed, and its mode of transmission is entirely unknown. Since 1853, I have observed that the eggs of this entozoön are frequently evacuated with the stools. Often-repeated examinations of the ova obtained from the intestinal matters of dead bodies, or those which had been evacuated by the sick, authorize me to conclude, *that these ova are not developed in the human intestines, and that they are always expelled in the condition in which they are found at the moment of their deposition.* The knowledge of this fact led me to try to obtain the development of these eggs by placing them in water, but very often the experiment failed. During the latter part of September last, having obtained some intestinal matters which contained large numbers of the eggs of the trichocephalus, I subjected these matters to repeated washings for many successive days, until the water used had become perfectly limpid and inodorous. The liquid was removed from time to time, and the ova were examined under the microscope every week. A certain number became altered; others remained uninjured, but without offering any indication of development. At the beginning of the month of April last, that is, six months after the commencement of the experiment, the vitellus in some of the ova became a rounded mass and acquired a certain degree of consistence, as was proved by compressing it. Some days after, in many of the ova the vitellus became divided into two, and afterward into four, parts. The division followed the usual course, and, by the beginning of May, in a considerable number of them the vitellus had assumed a mulberry shape. From this time no change of consequence could be observed until June 12th, on which day I noticed in some of the eggs a well-formed embryo, recognizable by its movements. This embryo, which possessed, up to a certain point, the form of the adult, was gradually attenuated from behind forward; its length was about ten one hundredths of a millimetre (about one three hundredth of an inch). Thus the appearance of the embryo of the trichocephalus did not occur until after the eggs had remained in the water eight months and a half.

2. On the 8th of October, I collected some eggs of the ascaris lumbricoides by washing the intestinal matters of a child which had often passed many of these entozoa. These eggs were kept in pure water, and examined from time to time, like the preceding. During six months they showed no change. On the 14th of April last, I found many of these eggs divided in two, some of them in four parts; but the greater number showed no change. On the 30th of April they were all divided in various degrees; in some the vitellus presented the appearance of a small mammillated sphere; on the 5th of May it had become reniform, and on the 7th the



embryo was apparent. The embryo was cylindrical, with a caudal extremity abruptly terminating in a point; its length was about twenty-five hundredths of a millimetre (about one one-hundred-and-twentieth of an inch); the three tubercles which characterize the mouth of the ascaris could not be seen. From the 7th of May until June 21st, 1858, that is for six weeks, the embryos have remained living within the shell of the egg; not one has escaped spontaneously.

I have placed the eggs in the gastric juice of the rabbit and dog; but, notwithstanding they remained three or four days in this liquid, the envelope remained unaffected.

No one, within my knowledge, has heretofore traced the development of the egg of ascaris lumbricoides. M. Richter, as reported by M. Kuchenmeister, having placed in water the eggs of these entozoa, and having examined them for eleven months after, found that they each contained a living embryo, but he did not succeed in seeing them hatched.

The eggs of the ascaris lumbricoides, like those of the trichocephalus, are evacuated with the feces, and never show, before they are evacuated, the least sign of development. In the month of October last, these eggs, kept for a fortnight at a temperature almost constantly of 30° centigrade, showed no sign of development. The same eggs, left in an apartment at a temperature never above 16°, had undergone division in the month of April following. Eggs collected in the month of January are undergoing division to-day, and do not yet show an embryo; finally, other eggs collected on the 1st of April do not show to-day, notwithstanding the recent severe heat, any sign of development. Temperature, therefore, has not a very noticeable effect on the development of the egg of ascaris lumbricoides, which must remain of necessity for a long time in a state of latent life.

From the above facts I feel warranted in concluding: 1st. That the eggs of the trichocephalus and the eggs of the ascaris lumbricoides are developed outside of the human body. 2d. That the appearance of the embryo does not take place under eight months, at least, for the one, and six months for the other.

During this long interval the eggs of the trichocephalus and the ascaris lumbricoides may, without doubt, be carried by rains into the brooks, rivers, and wells, the water of which is used for drink, or is employed in the preparation of food. These eggs, completely developed, or their embryos, may in this way reach the intestines of man, and there acquire a final and complete development.

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#### ETHER—THE SUIT AGAINST DR. DAVIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have read with some surprise the communication of W. E. C. on the subject of the ether suit, in your JOUR-

NAL of the 16th inst. Such wholesale denunciation, without a reason rendered, of the two gentlemen referred to as principals in the suit, is surely without precedent in the late annals of our medical literature. What is there in the position of either Dr. Morton or Dr. Davis that calls for such a tirade? Has not any man who confers an inestimable boon on the community a claim in equity on that community for remuneration? And if so, does the mere fact that he is a member of the medical profession absolve the public from acknowledging the claim? It is a principle recognized by all enlightened governments in the patents and copyrights given to inventors and authors, in the grants to such benefactors as Jenner, in the honors and pensions granted to promoters of science generally, that whoever makes an important discovery calculated to advance the welfare, or lessen the burdens of our common humanity, should receive something in the shape of an equivalent, not only as a mark of gratitude for his own exertions, but to encourage others to persevere in the same course. Our government shows a disposition to repudiate this principle. Peculiar circumstances have made Dr. Morton its representative. He bears aloft the standard of hope to the men of genius who may hereafter spring up in our profession. Personally, I know nothing of the man. Of "his deadness to all moral sense," as asserted by the author of the communication in question, I am ignorant. But, "be he e'er so vile," this position, like St. Crispin's day at Agincourt, "gentles his condition." The debasing remark, whether true or false, is impertinent to the question at issue. Dr. Morton is simply maintaining his rights; and in doing this, he is fighting the battle for the rights of every individual member of the profession. And, instead of being accused of charlatanry, and want of sympathy with the profession, and for his fellow men, by persons who, were they placed in his situation, would be no more willing than he to sacrifice the prospect of an ample fortune to disinterested love of poor suffering humanity, the profession should make his cause their own, and rally round him as one man, causing their voice to be heard, not only in Congress, but throughout the length and breadth of the land; until the American government has freed itself from the charge of annexing the ether discovery to its dominions, and the medical faculty discharged as aiders and abettors of the iniquity.

One word as to the position of Dr. Davis in the premises. He is asked, "Why he is not doing, what he is doing, and what he means to do?" I suppose the doctor is eating and drinking, &c., as they did in "the days of Noe," and probably means to keep on so, if the words of your correspondent have not taken away his appetite. And while he is thus employed, let me say that there is a peculiar fitness in selecting an agent of that government, which, while it lavishes millions on demagogues and other unworthy objects, does not hesitate to appropriate without recompense, and



smuggle into its military store-shop, the products of the brain-labor of one of its humble citizens. The course is that which is best calculated to bring it to a realizing sense of the sin of its pilfering propensities, and perhaps may lead it, in common honesty, either to issue orders to its medical corps no longer to use ether in the hospitals, or to make the *amende honorable*.

B. H.

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#### OPERATION FOR THE FORMATION OF A NEW NOSE.

BY GEO. BUCHANAN, A.M., M.D., SURGEON TO THE GLASGOW ROYAL INFIRMARY.

PLASTIC operations on the face are usually attended with more favorable results than those on any other part of the body. The large supply of blood from several vessels, the number of branches into which they subdivide, and the free inosculation of their ultimate ramuscles, render the union of cut edges in this situation, when properly adapted to each other, much more rapid and perfect than in parts endowed with a less degree of vitality. When large portions of the scalp or the integuments of the face are almost detached by accident, adhering by a very narrow isthmus, if carefully cleaned and replaced they rapidly form adhesions to the parts underneath, while under similar circumstances much smaller portions of skin in the extremities will slough away. A knowledge of this fact has led surgeons, from a very early period in the history of the art, to devise operative proceedings for supplying accidental deficiencies, or replacing structures removed by disease. Rhinoplasty is one of the recognized operations in surgery, yet the results are not always so encouraging as to induce surgeons to recommend it indiscriminately. When the nose has been extensively destroyed by ulceration, especially when the bones have been much implicated, and the whole organ has fallen down from the want of central support, the new nose will always shrink back on the face to a certain extent, and although the hideous aspect of the sufferer will be much improved by the covering of skin applied to the gaping chasm of the exposed nares, he should always be candidly informed of the extent of improvement he may expect, before he submits to the rather tedious process required, else he may be disappointed at the ultimate result. When the bones and skin of the bridge are in their natural condition, the surgeon may promise something more, however disfigured the extremity be, provided the diseased process has been completely arrested. I am induced to publish the following case, not that there is anything unusual in its progress, but because it has been attended with a very favorable issue; and a doubt was suggested, whether the man would not have been better with some artificial substitute. The operation has proved successful even beyond my expectations, and has vastly improved the personal appearance of the patient.

Thomas Aitken, aged 27, was admitted into the Royal Infirmary on the 14th December, 1858. When six years of age, he was affected with an ulceration of the nose, which continued to advance for several years. After the destructive process was arrested, an open sore remained for a long time, but it has been entirely healed for the last thirteen years. From his description, and the effects it has produced, it seems to have been lupus. The cicatrized surface is firm and elastic to the touch, and the skin in the vicinity is quite sound. The disease has evidently been arrested for many years, and the parts are in a very suitable condition to be made the subject of operative procedure. The man is very anxious to have a new nose formed, and has come from Yorkshire expressly to have the defect remedied.

The nose at present has the following appearance:—The cartilages of the alæ have been altogether removed by the diseased process, and the septum has been destroyed as far back as a line leading from the point of the nasal bone to the spine of the upper jaw. The whole framework of the nose in front of the bone is gone. The bone, however, has not been implicated, and the bridge and edges of the nares are felt in their natural condition. The openings of the nose are closed by the skin, which, having lost its ordinary support, has fallen down toward the centre. On the right side it has become attached to the remains of the septum, and has completely closed up the passage, with the exception of a point which barely admits a probe. On the left side the opening is about an eighth of an inch in diameter. The whole of this covering of the stump of the nose is thin, red, and shining, and is more of the character of cicatrix than stretched skin. On the upper lip are extensive cicatrices, indicating that it also had been implicated in the ulcerative process. The contraction of these scars has caused the whole lip to be protruded and everted, which adds much to the disagreeable aspect presented by the patient.

On the 16th December, I performed the operation in the following manner:—The patient having been laid on the table, and put under the influence of chloroform, an incision was made from the point of the nasal bone, along the outside of the left nostril, and a strip of the cicatrized edge about a quarter of an inch in breadth was removed. A corresponding incision was made on the opposite side, and continued up along the remains of the septum, which opened up the right nostril, and left a broad bleeding surface all round, in comparatively healthy tissue. I had previously sketched out on the brow a triangular flap, with a little tongue for a new septum. I now made an incision along the marked lines, carrying the knife down to the periosteum; and having dissected off the flap of the skin, left it attached by a broad neck between the eyebrows. All the cut edges and surfaces bled freely, but no vessel required ligature; and the application of lint dipped in cold water soon arrested the hæmorrhage. When the blood



ceased to flow, the parts were placed in proper position, by twisting the neck and bringing the edges of the flap in contact with the raw margins of the nostrils, and the little tongue to a raw point at the junction of the septum and the upper lip. The angles of the new alæ and the little tongue were fixed by the interrupted suture, and two stitches on each side kept the edges in good apposition. The wound in the forehead was brought together at the upper and lower points by a suture, and the whole covered with bits of wet lint.

On the second day, I removed the lint from the nose. The flap was somewhat swollen, of a reddish color, and quite warm. On the fourth day, the swelling was greater, especially at the neck of the flap; but adhesion had taken place at several points; the heat was good, and the patient had feeling in the transplanted skin. On the seventh day, a slight blush of erysipelas was perceptible on both cheeks, and as the needles were beginning to ulcerate out, all the twisted sutures were removed. Union had taken place at both angles and along the sides, except at the top, where the swelling of the twisted neck had somewhat separated the edges. The piece of lint which had been put in the wound in the brow was adhering firmly, and it was not till suppuration was established, a few days after, that it came away, leaving a granulating surface.

On the tenth day, all the sutures and dressing were removed, and the parts looked well; the erysipelas was gone, the heat of the nose good, and there was sensation in every part of it. The wound in the brow was large, but granulating well, and the swelling of the twisted part had now subsided. The little tongue had not adhered to the point to which it had been attached, but had applied itself to the inner raw surface of the point of the new nose, and was adhering there and keeping it in a proper position. Granulations were springing up freely from the inside of the flaps, and I thought it proper to introduce plugs made of pieces of elastic catheter, wrapt round with strips of lint, to support the organ during further granulation and cicatrization.

On the 23d of January, all the edges had perfectly united, and the granulating margins of the nostrils had cicatrized; the openings still tended to contract, but were kept in proper shape by the plugs; the wound in the forehead had much contracted, granulated up to the level of the neighboring skin, and was cicatrizing rapidly. The nose was of a good color, of natural temperature, and perfectly sensitive. It was firmly adherent, and could bear handling; so the patient managed the nostril plugs himself. I therefore completed the operation by dividing the twisted neck. A little artery spouted freely, which showed that the circulation had been very active in the transplanted skin. The neck of the flap was then pared to a wedge shape, and a corresponding triangle of skin removed from the bridge of the nose, where it had been

left entire in the first operation, under the twist. The surface and edges of the two raw surfaces were then adapted and retained in apposition by two sutures. In three days union had taken place, and the stitches were removed. In a week every point was cicatrized, and the nose complete.

20th February. The appearance of the new organ is now all that could be desired. The upper part has retracted upon the bridge, and the point is well supported by the little columna which has adhered to the inside, and is resting upon and attached to the remains of the cartilaginous septum. As usual in successful cases of this operation, the feature is of the form known as the hooked or Wellington nose; and as it has much improved the man's personal appearance, I have not thought it necessary to make a larger columna from the lip, which is often required; but this still remains available, if at any time he should wish it made more prominent.—*Glasgow Medical Journal*.

#### ARSENICAL POISONING—ARSENIC IN SUBNITRATE OF BISMUTH.

BY DR. ROBERT E. ROGERS, PROFESSOR OF CHEMISTRY IN THE UNIVERSITY OF PENNSYLVANIA.

DR. ROGERS called the attention of the College to a recent case of suspected poisoning with arsenic, the peculiar circumstances of which, as developed in the course of the legal investigation, rendered it unusually interesting in a medico-legal point of view.

The trial was suddenly cut short, and the accused party released, on account of an accidental impurity discovered by him (Dr. Rogers) in the medicine which had been administered by the attending physician of the deceased.

His object was not to discuss the evidence of poisoning in the case, although he had no doubt that, with all the facts elicited at the trial at his command, such a discussion would both be interesting and instructive; he wished to refer only to the point already alluded to as having terminated the prosecution; and, at the same time, to put the Fellows of the College on their guard against an accidental impurity of a common remedy, which had been hitherto unsuspected, viz., the presence of *arsenic acid in the subnitrate of bismuth*.

Dr. Rogers was unable, from his own knowledge, to detail the history of the case from the beginning. His connection with the investigation dated only from the time when the stomach and intestines were brought to him, carefully separated from other parts of the body, and for chemical analysis *alone*.

The examination was conducted exclusively for arsenic, since that substance was known to have been procured by the accused; while there were other circumstances tending to create the suspicion that it had been criminally administered.



The stomach and alimentary canal contained a very small amount of pulpy matter. This, taken from the stomach and then from successive portions of the bowels, was analyzed, and in each case exhibited the presence of arsenic.

The material of the stomach itself was next examined, and likewise found to contain arsenic. The bowels were then divided into five equal lengths, and each subjected to the proper tests, and with the same results.

The presence of the arsenic in all of these experiments was not only unmistakable, but very decided in amount. How much the patient had swallowed, even presuming that it had been given with intent to poison, it would have been impossible to determine by the most careful quantitative examination, since copious vomiting and purging had prevailed during several days, and up to a short period before death, so that the stomach and bowels were almost completely emptied of their previous contents.

The presence of the arsenic in the substance of the tissues examined, naturally induced the presumption that it existed in the liver, lungs, and other portions of the body of the deceased. He regretted that he had not had the opportunity to ascertain the fact, as nothing had been preserved and sent to him except the parts referred to, nor were these in a condition to enable him to recognize either the presence or absence of the physical signs of irritation or inflammation, such as might have been expected in a case of arsenical poisoning.

Hence, in the absence of any proof of an absolute amount of arsenic adequate to destroy life, the mere fact of the discovery of a poisonous adulteration of the medicine administered was considered sufficient to invalidate the evidence against the prisoner, and to justify her immediate acquittal.

During the early days of the trial, nothing occurred to indicate that arsenic had been administered as an adulterating substance of the medicine directed by the prescribing physician. At a later period, the court called for a copy of the prescriptions which had been ordered by the physician, and subnitrate of bismuth appearing as one of them, Dr. Rogers directed his efforts to determine how far that substance was pure.

He was unable to procure a specimen of the identical subnitrate which had been administered, not succeeding in finding the druggist who had sold it, but obtained a number of samples from individuals throughout the city, and prepared, many of them, by different manufacturers.

Of ten specimens, some of which were imported, which he examined, all were found to contain arsenic with the exception of two.

He did not experiment to ascertain the per centage, but inferred it to be small, too much so, he presumed, to have any material effect, except in long continued and unusually large doses. It

was not shown in this case, nor was it probable, that enough could have been taken in that way to produce the vomiting and purging, much less the fatal result. It was to be remembered also, that the symptoms attributed afterward to poisoning, had begun and continued for some time before the bismuth had been taken.

He then exhibited to the College the result of some of his analyses in the arsenical rings deposited within the tubes employed.

He remarked further, that the druggists applied to for specimens or samples did not appear to be aware of any liability to this kind of impurity in subnitrate of bismuth, a fact which rendered it still more desirable that the subject should be brought before the notice of the College—since the usual mode of preparing the subnitrate, unless great care was taken in washing the product, rather favored the presence of arsenic acid, unless the bismuth from which it is prepared be pure.—*Trans. Coll. Phys. of Philad., in Am. Journ. of Med. Sciences.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 23, 1858.

### MEDICAL INSTRUCTION.

AMONG the many examples of progress in the present age, the great improvement in the art of teaching is one of the most striking. It is not fifty years since the Latin language was taught in England by means of a grammar *written in Latin*. It seemed as if the object was to throw difficulties in the way of the learner, instead of making the path of knowledge plain before him. How different is the art of instruction at the present day. The pupil is treated like a rational being, instead of an unintelligent animal; learning is made attractive, instead of repulsive; and the business of education is generally a source of pleasure both to the teacher and pupil, instead of becoming a task to both. Medical education has not been behindhand in this march of improvement, and there is already a tendency toward curtailing the tedious system of lectures, and increasing the amount of clinical instruction. The advantages of lectures in teaching the different branches of medical science are inestimable. They present to the student in a condensed form a mass of information which lies scattered in many directions, and which his imperfect acquaintance with the subject would not enable him to collect together, even if he had the time to do so; but it is beginning to be conceded that too much time is spent by the weary student in listening to tedious lectures, upon which it is difficult to fix his attention, and which are with difficulty retained in the memory, to the exclusion of the more practical study of disease. In the language of Dr. R. B. Todd, "how unnecessary in the present state of medical literature are long courses of lectures on the practice of medicine and surgery, or, indeed, on any subject not requiring demonstration and experiment! How much better



would it be to confine the lectures on these subjects to the discussion of difficult, doubtful and important points of pathology and practice, preceded by a sufficient statement of first principles suitable for the uninitiated! And in such lectures, care should be taken to indicate the best sources of information, and the most valuable works of reference, and to encourage habits of research and study. \* \* \* \* \* Much of the time now spent in listening to lectures (the greater part of which can be no more than what may be read at home), might be devoted to hospital work—and the pupil would acquire, by his own sight and touch and hearing, the knowledge which in the lecture-room he can receive only upon the description and authority of another.

We are glad to see that these views are approved by the Faculty of Medicine of Harvard University. In their annual announcement, lately issued, it is stated that “the duration of the winter course of lectures which is now announced has not been augmented,” while the opportunities of making the student practically acquainted with disease have been increased. In the department of Clinical Medicine, besides the instruction at the bedside of the patient and the clinical lecture afterwards, by Dr. SHATTUCK, a separate course of instruction in auscultation and percussion will be given by Dr. BOWDITCH, and the students will be enabled to be present at the examination of the out-patients of the hospital, by Dr. ABBOT, the number of whom is large, and is daily increasing. Practical instruction in the use of the microscope is given by Dr. HOLMES. The class is also allowed to be present at the autopsies, which are conducted by Dr. ELLIS, Pathologist to the Hospital, whose ability in imparting knowledge is well known. In the departments of Surgery, Chemistry, Midwifery, and *Materia Medica*, similar facilities are offered to the student for acquiring a practical acquaintance with these branches of his profession. Conferences are also held at the Hospital, which such students may attend who feel disposed, at which medical subjects are discussed, demonstrations are given, and a more intimate relation established between the professors and the students than is often the case, which greatly facilitates the acquisition of knowledge to the latter. Many other advantages are offered to the student at this school. We have no room to detail them here, but refer to the announcement for particulars. We only remark, in closing, that it is the aim of the Faculty to impart practical knowledge, to enable the student to examine and study for himself the morbid conditions which it will be the business of his life to treat, and to make the course of instruction no less interesting than valuable.

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#### PUBLIC HEALTH.

It must be gratifying to every friend of humanity to know that the extent of the epidemic of cholera infantum, which has been prevailing among us for a few weeks past, has received a decided check, and that the mortality from dysentery is diminishing. How much the prevalence of disease has been connected with the nuisance to which we have already frequently alluded, in the west part of the city, we will not undertake to say. We feel confident of one thing, that to the unusual prevalence of east winds we owe it, that the sickness has not been much worse. We are glad to see, that by the progress made in filling up the flats, and in repairing sewers, there is a prospect of abatement of the stench which has annoyed us so long. Even

the Mount Vernon street drain, which has been long the source of a most disgusting odor, is now being properly repaired, and extended to the Commissioners' line.

NOTE FROM DR. DAVIS—REPLY TO W. E. C.

United States Marine Hospital, Chelsea, Sept. 18th, 1858.

MESSRS. EDITORS,—I was amazed to find in the *JOURNAL* of Thursday, Sept. 16th, which came to hand only this morning, a communication, signed W. E. C., containing charges of the gravest nature against my professional character, in connection with the suit brought against me in the Circuit Court of the United States, by W. T. G. Morton, for an alleged infringement of his patent for the use of ether as an anæsthetic. I was not before aware that I had been charged by a public print, or otherwise, with "disgraceful collusion," and I seize the first moment, after it is brought to my knowledge, to deny *in toto*, as utterly groundless and false, not only this charge, but the various insinuations and imputations so wantonly thrown out by W. E. C. If the writer of the communication, or any gentleman of the profession, will call upon me, I will show him, with pleasure, what I have done, "what I am doing, and what I mean to do"; and moreover satisfy him that, thus far, I have acted under the best legal and medical advice that I could command.

CHARLES A. DAVIS,

*Physician and Superintendent.*

DR. JAMES B. McCaw, one of the editors of the *Virginia Medical Journal*, has been elected Prof. of Chemistry in the Medical College of Virginia, that chair having been vacated by the resignation of Prof. Martin P. Scott.

*Health of Providence.*—The city of Providence has been unusually healthy during the month of August, the mortality having been 55 below the average for twelve years. The total number of deaths was 95, of which 36 were from diseases of the bowels usually prevalent at this season. Of the 95 deaths, 64 were in subjects under 5 years of age, and of the 36 deaths from "summer complaints," all but one were under 5 years.

*Health of the City.*—There was a remarkable diminution in the mortality of Boston during the past week, 83 deaths having been recorded in place of 114 of the previous one, and of these 5 were from casualties, or violent causes. This difference is chiefly owing to the subsidence of cholera infantum, the number of deaths from which was diminished from 40 to 18. There were 6 deaths from dysentery, a reduction by 2 from the previous report. The number of deaths in subjects under 5 years of age was 44. The total number of deaths for the corresponding week of 1857 was 81, of which 24 were from cholera infantum, 6 from dysentery, and 9 from consumption.

MARRIED.—At Hartford, N. Y., August 9th, B. W. King, M.D., Professor of Physiology in the Fort Edward Institute, to Miss Eliza A. Palmer, of the former place.—At Anamasa, Iowa, Sept. 4th, Dr. Edwin Blakeslee to Miss Lizzie Scott.

*Deaths in Boston* for the week ending Saturday noon, September 18th, 83. Males, 41—Females, 42.—Accident, 2—apoplexy, 1—inflammation of the brain, 1—congestion of the brain, 1—cancer (breast, 1; kidneys, 1; uterus 1), 3—consumption, 14—convulsions, 2—cholera infantum, 18—cholera morbus, 2—croup, 2—diarrhœa, 1—dropsy in the head, 3—drowned, 1—dysentery, 6—infantile diseases, 3—puerperal, 1—fracture (of the leg and arm), 1—scarlet fever, 3—yellow fever, 1—gangrene, 1—disease of the heart, 2—hemorrhage (uterine), 1—intemperance, 1—congestion of the lungs, 1—disease of the liver (cirrhosis), 1—marasmus, 1—suicide, 1—teething, 6—whooping cough, 2.

Under 5 years, 44—between 5 and 20 years, 3—between 20 and 40 years, 18—between 40 and 60 years, 13—above 60 years, 5. Born in the United States, 63—Ireland, 15—other places, 5.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## ANALYSIS OF THIRTY-SEVEN CASES OF UTERINE DISEASE, BEARING UPON THE QUESTION OF THE USE OF POTASSA CUM CALCE AS AN APPLICATION TO THE UTERUS; WITH REMARKS.

[Read before the Boston Society for Medical Observation, September 20th, 1858, and communicated for the Boston Med. and Surg. Journal.]

BY LUTHER PARKS, JR., M.D.

*Introductory Remarks.*—On the presentation, at a former meeting of this Society, of certain cases of uterine disease, in which potassa cum calce was employed, as an application to the womb, the propriety of using (or frequently using) this remedy was called in question. I have, therefore, thought it proper, from considerations of respect toward those who have differed from me, and of justice to myself, to prepare the table given below, of the cases in which I have used the caustic above-mentioned.

*Explanation of the Table.*—In the *first* column of the table are the numbers by which the cases are designated. The cases are placed, and numbered, according to the order in which they follow each other in my records. The *second* column gives the lesion of the uterus, as revealed by the touch, and by the speculum, and sometimes by the sound. The *third* column presents the number of applications, to the *exterior* of the cervix uteri, of potash with lime, and of potash without lime;—under the letters “P. C. C.” being recorded the number of applications of potassa cum calce; under the letters “P. F.,” the number of applications of potassa fusa. In the *fourth* column is noted the number of *insertions* within the cervical canal of the uterus, of the potassa cum calce; a space being left, under the same heading, for potassa fusa, also, which space is everywhere blank.\* The *fifth* column contains the results of the cases, so far as reached. The *sixth* column is for the record of any *injuries* which may have occurred, beyond the making of an issue, with a temporary increase of the ordinary uterine symptoms. The *seventh* and last column is for explanatory remarks.

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\* The potash, whether with or without lime, I have applied in the form of cylinders. The potassa cum calce I now use to the exclusion, I may say, of the potassa fusa, and, for the most part, in the small hard cylinders made by Squier of London, under the direction of Dr. Bennet.

TABLE

| CASE   | LESION OF UTERUS.                              | Number of ap-<br>plications to exte-<br>rior of cervix uteri. |       | Number of inser-<br>tions within cer-<br>vix uteri. |       |
|--------|------------------------------------------------|---------------------------------------------------------------|-------|-----------------------------------------------------|-------|
|        |                                                | P. C. C.                                                      | P. F. | P. C. C.                                            | P. F. |
| 1      | Hypertrophy, with congestion                   | 1                                                             |       | 2                                                   |       |
| 2      | “ “                                            | 1                                                             |       | 1                                                   |       |
| 3      | “ “                                            |                                                               | 1     |                                                     |       |
| 4      | “ “                                            | 3                                                             | 1     | 2                                                   |       |
| 5      | Engorgement, with abrasion                     | 2                                                             |       | 2                                                   |       |
| 6      | Hypertrophy                                    | 1                                                             | 1     | 1                                                   |       |
| 7      | Engorgement                                    | 3                                                             | 1     | 3                                                   |       |
| 8      | Engorgement, with elongation of<br>cervix, &c. | 2                                                             | 1     | 1                                                   |       |
| 9      | Engorgement, &c.                               |                                                               | 1     | 2                                                   |       |
| 10     | “                                              | 1                                                             | 1     | 1                                                   |       |
| 11     | Hypertrophy, with congestion                   | 1                                                             | 1     | 1                                                   |       |
| 12     | Engorgement                                    | 2                                                             |       |                                                     |       |
| 13     | Congestion                                     | 4                                                             |       |                                                     |       |
| 14     | Abrasion                                       | 1                                                             |       | 1                                                   |       |
| 14½    | Engorgement, with abrasion                     | 1                                                             |       |                                                     |       |
| 15     | “ “ “                                          | 3                                                             |       | 1                                                   |       |
| 16     | Hypertrophy, with congestion                   | 3                                                             |       |                                                     |       |
| 17     | Engorgement                                    | 3                                                             |       |                                                     |       |
| 18     | Hypertrophy, with retroversion                 | 4                                                             |       |                                                     |       |
| 19     | “ “ congestion                                 | 13                                                            |       |                                                     |       |
| 20     | “ “ “                                          | 2                                                             |       |                                                     |       |
| 21     | Hypertrophy, with abrasion                     | 12                                                            |       | 2                                                   |       |
| 22     | “ “ “                                          | 3                                                             |       |                                                     |       |
| 23     | Hypertrophy                                    | 4                                                             |       |                                                     |       |
| 24     | Probable uterine catarrh, &c.                  | 3                                                             |       |                                                     |       |
| 25     | Hypertrophy, with abrasion                     | 4                                                             |       |                                                     |       |
| 26     | “ “ “                                          | 6                                                             |       | 1                                                   |       |
| 27     | Engorgement?                                   | 1                                                             |       |                                                     |       |
| 28     | Hypertrophy, with congestion                   | 5                                                             |       |                                                     |       |
| 29     | Hypertrophy                                    | 2                                                             |       |                                                     |       |
| 30     | Engorgement                                    | 2                                                             |       |                                                     |       |
| 31     | Hypertrophy, with congestion                   | 4                                                             |       |                                                     |       |
| 32     | “ with abrasion                                | 9                                                             |       |                                                     |       |
| 33     | Engorgement with “                             | 2                                                             |       |                                                     |       |
| 34     | Hypertrophy, with “                            | 4                                                             |       |                                                     |       |
| 35     | —                                              | 1                                                             |       |                                                     |       |
| 36     | Hypertrophy, with congestion, &c.              | 3                                                             |       |                                                     |       |
| 37     | “ “ “                                          | 3                                                             |       |                                                     |       |
| Total, |                                                | 119                                                           | 8     | 21                                                  | 0     |



# OF CASES.

| RESULT OF CASE.                       | Injury from<br>application of<br>potas.c. calce. | REMARKS.                                                                                                                                                                                                                                                                                        |
|---------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Favorable                             | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                | Incipient adhesion of lips of cervix—attributable, perhaps, to <i>insertion</i> of potassa cum calce—perhaps to subsequent application of potassa fusa to anterior lip, whence it may have run down upon posterior lip. This adhesion was removed by passage of sound, and by incisions.        |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Improvement                           | ?                                                | After one insertion within cervix, and one application to outside of it, of the potassa cum calce, application of the intra-uterine stem-pessary, and exposure to cold; from one or more of these causes, inflammatory symptoms, with subsequent discharge of pus <i>per rectum</i> . Recovery. |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                | Left town before completion of treatment.                                                                                                                                                                                                                                                       |
| "                                     | 0                                                | " " " "                                                                                                                                                                                                                                                                                         |
| "                                     | 0                                                | Lost sight of patient.                                                                                                                                                                                                                                                                          |
| Favorable                             | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Local lesion removed—<br>symptoms not | 0                                                | This case occurred, in 1855, to the same patient whose case is recorded next (144).                                                                                                                                                                                                             |
| Local lesions removed                 | 0                                                | 1857.—The lesions this time were chronic, following an acute attack of hysteritis. Patient restored to usual state, which is one of feeble health.                                                                                                                                              |
| Favorable                             | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Improvement                           | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Favorable                             | 0                                                | Great hypertrophy—symptoms severe, and of long standing.                                                                                                                                                                                                                                        |
| Improvement                           | 0                                                | Patient removed before conclusion of treatment.                                                                                                                                                                                                                                                 |
| Favorable                             | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                | Case severe, and of long standing.                                                                                                                                                                                                                                                              |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Improvement                           | 0                                                | Case still under treatment.                                                                                                                                                                                                                                                                     |
| Favorable                             | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Not known                             | 0                                                | Patient left town before conclusion of [case.                                                                                                                                                                                                                                                   |
| Favorable                             | 0                                                |                                                                                                                                                                                                                                                                                                 |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Not known                             | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Favorable                             | 0                                                | Lost sight of patient.                                                                                                                                                                                                                                                                          |
| Improvement                           | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Favorable                             | 0                                                | Case still under treatment.                                                                                                                                                                                                                                                                     |
| "                                     | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Not known                             | 0                                                |                                                                                                                                                                                                                                                                                                 |
| Improvement                           | 0                                                | Lost sight of patient.                                                                                                                                                                                                                                                                          |
| "                                     | 0                                                | Case still under treatment.                                                                                                                                                                                                                                                                     |
| "                                     | 0                                                | " " "                                                                                                                                                                                                                                                                                           |

*Comments upon the Table.*—Cases which have been treated with nitrate of silver, tincture of iodine, or otherwise, without the use of potash, are not included in the table. Also, cases in which potassa cum calce has been inserted within the canal of the cervix (I have never used the potassa fusa in this way), without the application of potash to the outside of the organ, are omitted. Further, the collateral treatment, in the cases cited, is not described, except where there have been unfavorable symptoms. This course has been adopted, because my present object is not to prove the curative efficacy of applications of potassa cum calce to the exterior of the cervix uteri, but to show that such applications, if made with circumspection, *need not do injury*.

The average number, to a case, of applications to, and insertions within, cervix uteri, of caustic potash, with or without lime, was 4; the average number, to a case, of applications to exterior of cervix uteri of potassa cum calce, was  $3\frac{8}{7}$ . Counting Cases 14 and 14 $\frac{1}{2}$  as two separate ones, the total is 38.

In two of the cases the potassa cum calce was not applied to the exterior of the cervix. In one of these—No. 9—that agent was inserted within the cervix, potassa fusa also being applied to the exterior of the organ. In the other—No. 3—potassa fusa alone was applied externally. With reference to the propriety of admitting these two cases, I argued, that if no harm was done in them by the use of the potassa fusa, externally, and the potassa cum calce, internally, *a fortiori*, none would have accrued from the application of the potassa cum calce to the exterior of the cervix.

In one case—No. 35—the lesion was not satisfactorily made out. There was one case of abrasion alone; one of simple congestion; and one of probable uterine catarrh. In all the rest—thirty-four in number, out of a total of thirty-eight—there was more or less of hypertrophy or engorgement; in the removal of which lesions, it seems to me, the potash is most often useful.

In eleven of the cases in the above table the treatment was not completed. But inspection will show that in nearly all the cases—complete and incomplete—more or less benefit is reported to have been obtained. And there is no proof, that I can discover, that that benefit was in any way retarded, at least, by the external cauterization with potash.

To this statement, it may be said, perhaps, there is an exception in one case—No. 8. But that, to say the worst of it, is an equivocal one, the occurrence in it, of suppuration, being, at least, as referable to other causes, as to the external application of the potassa cum calce. Beyond this, no serious injury (indeed nothing unfavorable) occurred in any of the remaining thirty-seven cases, and one hundred and eighteen external applications of the potassa cum calce attributable to those applications, further than the increase, for a few days, of the ordinary uterine symptoms—chiefly the backache and vaginal discharges.



On the basis, then, of the facts presented in the above table, I shall, perhaps, be justified in declining to discard the use of potassa cum calce, as an external application to the cervix uteri, until more light is afforded me upon the subject. That carelessly employed—*abused*—it may produce injury, I make no doubt. But, that it is *necessarily* dangerous, I am not ready to admit. If, by the application of the agent in question, is meant the destruction of the cervix, by covering it with the caustic, I am with those who oppose such application. The treatment which I am endeavoring to sustain, is the making of one or more issues on the neck of the womb, the aggregate area of which issues is never to exceed the space which can be covered by a three-cent piece; bearing in mind, that the diameter of the issue is usually about twice that of the cylinder of caustic.—I will add, here, that I usually continue the contact of the caustic with the living tissue from half a minute to a minute; and, also (what it may seem superfluous to state), that I always neutralize the potash, before withdrawing the speculum, by pouring in half an ounce or more of vinegar. I sometimes, too, place a piece of cotton in such a way as to prevent contact between the issue and the vagina.

*Potassa cum Calce within the Cervical Canal.*—Let it be remembered, that we have all along been treating of the potassa cum calce as an application to the exterior of the cervix uteri. We have, in a former paper read at this Society, spoken of the danger attendant upon its insertion within the os tincæ. This danger consists, firstly, in the risk, which is not slight, of partial or complete closure of the cervical canal.\* Secondly, there is, perhaps, some liability of the inflammation set up by the caustic extending to the body of the uterus. The cauterization by potash of the canal of the cervix uteri should, probably, be reserved mostly for cases of small polypi, situated between the os externum and os internum uteri; and for the rare instances of obstinate inflammation in the above-mentioned region, which refuse to yield to milder agents. When resorted to, care should be taken, I submit, to keep the canal open by the passage of the uterine sound, at intervals of two or three days; and also, perhaps, by the introduction of the nitrate of silver, as a dressing. These proceedings should be continued till all tendency to adhesion has passed by.

*Potassa cum Calce versus Nitrate of Silver.*—In conclusion, I would express my belief that in chronic hypertrophy, and chronic engorgement of the uterus, the potash treatment is more effectual and rapid than the milder caustics, in bringing about resolution. If this be so, it becomes sometimes a duty to use the former, as diminishing the number of vaginal examinations and operations. The milder caustics, however, I do not neglect, as also depletion by leeches and by scarification, by way of adjuvants, and by themselves.

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\* See Case VI.

## REMARKS ON THE TREATMENT OF RHEUMATISM.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

HAVING treated a good many cases of acute and chronic rheumatism, in hospital and private practice, a few remarks on the remedies which I have principally depended upon may not be unacceptable.

The general impression, that this disease is not very amenable to remedial measures, is, in my opinion, mainly due to the fact, that unless of a very severe character, the pain and inconvenience being endurable, the majority of sufferers are unwilling to submit to a proper course of treatment. On the contrary, they willingly and freely swallow any of the popular nostrums so boastingly vaunted as specifics, which, in place of proving such, not infrequently, although indirectly, lay the foundation of serious organic disease.

In commencing the treatment of an acute attack, the precise mode must necessarily depend upon the different points of violence and duration, the parts implicated, and the condition of the individual as regards age, sex, and strength of constitution. As a general rule, unless plainly contraindicated, I am satisfied that a dose of tartar-emetic in combination with other medicines, as in the following formula, will be followed by great relief, a frequently speedy cure, or the advantage of having the general system placed in a condition more favorable to receive the subsequent curative impression of other remedies. It appears to me reasonable to attribute the direct cause of many cases of chronic rheumatism, as well as those serious consequences frequently observed, to the want of sufficiently active treatment in the beginning.

In those cases, in which an emetic is considered neither necessary nor proper, I most generally commence at bed-time, by giving from five to ten grains of blue mass or calomel, combined with from eight to twelve of Dover's powder, to be followed next day by appropriate doses of the mixture. When vomiting is decided upon, the quantity of tartar-emetic should be increased to six or eight grains, the dose then being a table-spoonful every hour, until the effect results, after which it is to be suspended for several hours, and, if resumed, given in much smaller doses. In many cases, smaller doses of blue mass and Dover's powder may be repeated every two or three nights, for a few times, with advantage.

The formula which I generally employ, is as follows, and it is scarcely necessary to observe that the judgment of the physician must decide upon the quantity of each article for the case in hand.  
℞ Tart. ant. et potass., gr. ij.; nitrat. potass., ℥iv.; liq. morphinæ, gr. ij.; tinct. colchici, ℥ij.; aq. distillat. ℥v. M. Dose—One or two teaspoonsful every one or two hours, continued until a decided



impression, or a cure, results, not infrequently observed in a few days.

Although it has not occurred to me to witness an idiosyncrasy precluding the continued use of this remedy, I doubt not such may occasionally present itself, when it must be given in very small doses, at longer intervals, or be entirely abandoned for the time. Should tolerance exist, and the attack prove persistent, the proportion of nitrate of potash, morphia and colchicum, is to be increased, and the addition of a proper quantity of tincture of aconite and Fowler's solution made to the mixture. Fowler's solution of arsenic, although advantageously employed in the latter stage of acute rheumatism, is more especially to be commended in cases of a chronic character. In several cases, of years' duration, after the unsuccessful trial of many remedies, the long-continued use of small doses of Fowler's solution, added to the above mixture, has succeeded in producing the most decided curative effects. It is true, that, in most of the cases, I have brought to my aid alterative doses of corrosive sublimate, in syrup of sarsaparilla, iodide of potash, different preparations of guaiacum, and cod-liver oil, unquestionably with advantage; yet have I been disposed to believe that more permanent curative effects have followed the use of arsenic and nitrate of potash, in conjunction with various preparations of iron and other tonics.

As frequently observed in chronic rheumatism, the wrist and elbow-joints, as also those of the ankles and knees, independently of the heat and pain, are found more or less swollen; and for the relief of this, I have used a saturated solution of iodine and iodide of potash, in diluted alcohol, with most decided and speedy benefit. It is applied two or three times a day, over the joints, and a little beyond. Although as yet I have not tried it, there is no doubt that the extract of belladonna, combined with the above, would often add to the efficacy of this application, which has been so frequently tested and proved as to remove all doubts of its real value.

In reference to the employment of liniments in acute rheumatism, as might reasonably be supposed, little if any benefit is to be expected from their use; but when the disease is of a chronic character, there is no question of their positive value, and but for fear of encroaching too much on your pages, the recipes for a few would be appended, in which no little confidence is reposed, for the cure or relief of rheumatism, and its congener neuralgia.

The following case, confirmative of many of the above facts, may properly be introduced, and in another point of view will be found singular, if not interesting. The individual alluded to was an inmate of the ward when I commenced attendance; he had suffered for years from chronic rheumatism, and had tried many remedies of known efficacy, with but slight permanent benefit, being at the time of no use to himself or others. By the long-continued use

of small doses of Fowler's solution, combined with nitrate of potash and colchicum as the standard remedies (many of those noticed having been introduced as auxiliaries), he was in time so much improved, if not perfectly cured (which was scarcely to be hoped for), that for more than six months consecutively, he was able to perform satisfactorily all the duties of nurse to the ward. While thus engaged, he was seized with an attack of bilious pneumonia, from which he slowly recovered. During his convalescence, though still confined to bed, from which for weeks he was unable or not allowed to get up, there was found, one morning, a number of small red spots of a suspicious character, but which, ere long, lost all dubiety, and were pronounced genuine smallpox. In a short time he was removed to the smallpox hospital, located some distance off; for, by a law of this institution, that disease is not allowed to be introduced, and if by accident in any way it should appear, the individual must be summarily removed. Now in what manner was the disease communicated? Had the man been moving about, it is conceivable that he might have seen or spoken to some one having the disease lurking in his clothes. But as this man had been confined to bed for weeks, had neither seen nor spoken to any one outside of the wards, in which at that time it is certain there was no case, it is clearly demonstrative of the often inexplicable manner in which that loathsome disease originates. After the lapse of some months he returned to the same ward, having passed through a very severe attack. For some time he has been but little annoyed with his old complaint, and is now able to render efficient aid as assistant nurse to the many sick daily admitted into the wards.

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#### POSTURAL METHOD OF TREATMENT IN ASPHYXIA.

BY HENRY M. SAVILLE, M.D., QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

THE value of the "Marshall Hall method" of inducing respiration in asphyxia by submersion, or in asphyxia of new-born infants, has so frequently borne the test of rigid investigation, as to render any explanation of the principles involved unnecessary. But it seems to me not undesirable that cases illustrating the efficiency of prone and postural movements, in resuscitating apparently drowned persons and new-born children, should be published while any lingering doubts of their practical value prevail in the community.

L. H., ætat. 17—a delicate, bilious-looking young woman, in her first pregnancy. After a prolonged and powerless confinement of thirty hours' duration, I effected instrumental delivery of a large female child. Its body was cold, there was no perceptible pulsation of the funis, and for at least an hour previous to the delivery



I had been unable to detect any beating of the foetal heart. So well convinced was I that the child was stillborn, that I permitted the attendants to put it away in a basket of soiled clothes. In the course of five minutes, finding I was liable to be detained an hour or two with the mother, I removed the child from its resting-place, more from motives of curiosity and for the purpose of acquiring some dexterity in the manipulations of the "ready method," than with any expectation of relighting the flame of life in the little corpse. However, I persisted in semi-rotating the body, in accordance with the directions of Marshall Hall, unremittingly for eighteen minutes before any sign of vitality rewarded my exertions. The first indication of approaching consciousness which I observed, was a kind of tremulous vibration of the abdominal muscles. Shortly after, a succession of faint single pulsations of the heart; and finally, after twenty-three minutes of persevering efforts, I had the satisfaction of presenting a living daughter to the delighted mother. My own baptismal appellation was bestowed upon her, and I am happy to say that Henrietta S. has been thriving vigorously ever since.

An interesting feature of the case I am relating occurred during the earlier stages of labor—affording a well-marked instance of the transfer of uterine pains to the muscular coats of the bladder. The patient had complained of a distressing sensation above the symphysis pubis, and requested something to relieve the pain. While waiting the progress of the case, I noticed that the uncomfortable feelings she experienced above the pubes seemed to alternate with the genuine contractions of the uterus. (*Vide* a similar case in Dr. Power's Essay on "Metastatic Labor," Case No. VIII.) The employment of the catheter relieved her pain at once, and restored the sympathetic nerve-force to its proper uterine channels.

*Sept. 23d, 1858.*

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#### THE ETHER SUIT FOR DAMAGES—W. E. C.'S REPLY.

[Communicated for the Boston Med. and Surg. Journal.]

MESSRS. EDITORS,—I was not aware I had "wantonly thrown out" "various insinuations and imputations" against Dr. Davis. I do not know what they are, but I retract all of my language that can be construed into such. I had but one charge, and that not my own, but copied from a daily print, where it had remained unanswered for a month. I again state my reasons for such an unusual course in meddling with the affairs of another physician. I did not consider it his affair alone. It was a matter which would be felt by every one of us, unless he stood up resolutely, manfully and prudently to the fight. He was charged publicly with not doing this, and there were several reasons for believing the charge—some stated, others reserved. This is my justification for what I

have done. Dr. Davis denies any collusion with Morton, and gives us to understand that he is taking all the means in his power and judgment to resist the suit and assert the rights of the profession and of humanity. This satisfies me, and should satisfy every one, and enlist a lively feeling of sympathy with and kindness towards him from every member of the profession, far and wide.

As to B. H., I admire and honor the generous spirit in which he writes, but it is in ignorance. He classes Dr. Davis and Morton together as *gentlemen*. I am sure Dr. Davis would be very sorry to be considered a gentleman in the same category with Wm. T. G. Morton. Nothing I said of Dr. D. was half so unkind. Nor does B. H. see to what his own views of Morton and his patent might lead. I cannot re-open here the interminable "ether question"; but if what he says in his generosity is Morton's right and due, is he—B. H.—not daily doing much worse than Government of which he complains so much? Government granted M. a patent (whether it could do so for a "principle" we will not stop to inquire), and B. H. says Morton is only maintaining his rights in suing Dr. Davis. In other words, Government, in using Morton's patent, is infringing his legal rights. *Ergo*—B. H. sins legally and morally every time he uses ether—and sins worse than Government, because Government has no morals. W. E. C.

#### ON BISMUTH AND MAGNESIA.

SOME medical papers of the Continent have of late been very loud in their praise of these substances, and a peculiar combination of them which has been offered. From such journals as the *Gazette des Hôpitaux*, *Revue Médicale*, *Revue Thérapeutique*, *Union Médicale*, and *Scalpel* (Belgium), we copy the following facts.

Bismuth was long confounded with lead and tin, and had done much mischief in therapeutics from the arsenic and sulphur it contains. The investigations of Stahl and Dufay have elucidated many facts respecting bismuth; its composition is now well known, hence it has been prescribed, in small doses, by Messrs. Odier (of Geneva), Guersant, Lannec, Récamier, and others, for nervous affections of the stomach. M. Trousseau and others have, on the other hand, used it in large doses with the best effects. But all practitioners know that bismuth produces constipation after the few first doses, so much so that its use must now and then be suspended.

The problem therefore was, to combine bismuth with a substance neutralizing these binding effects, without interfering with the action of that metal. Calcined magnesia seemed to answer the purpose; but it was found that the preservation of magnesia, deprived of its carbonic acid, is as difficult as to free bismuth of all its impurities.



M. Fayard, a well-known pharmacien of Lyons, has endeavored to minister to the prevailing tendency in France of rendering useful medicines pleasant to the eye, the taste, and the stomach. He availed himself of the formula of Dr. Paterson, of New York, to purify bismuth and preserve calcined magnesia, and then mixed these substances with sugar. Hence were formed the bismutho-magnesian powders of Paterson, possessing all the advantages of these agents, without presenting the drawbacks mentioned above.

These powders have been found useful in cases of dyspepsia with headache, anorexia, and vomiting, especially as regards pregnant women, in flatulence, &c. &c., taken in large doses for six weeks or two months. They have also been successfully administered for certain affections for which they are not habitually given—viz.:—1. For headache connected with derangement of the digestion. 2. In the acid vomiting of children at the breast, depending on the inferior quality of the mother's milk. In such cases the best results were obtained by desiring the nurse or mother to make a change in her food, and to take the bismutho-magnesian powders before or after meals. 3. As absorbents of the unwholesome gases evolved during imperfect digestion. These cases, when neglected, are the first to suffer when cholera breaks out.—*London Lancet.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUG. 23d.—*Tænia Solium.* Dr. JACKSON reported the following history of the case, which he had lately received from Mr. T. H. Pinkerton. The patient, who was under the care of Mr. P., was a merchant in this city, and he had always resided here; age 41 years. His health had been sufficiently good until the summer of 1854, when he was attacked with vertigo and a sinking sensation in the stomach, with much craving for food, particularly early in the morning. These symptoms continued unabated until March, 1856, and he then applied to Dr. —. The case was considered one of jaundice, and was so treated for three months, the chief complaint being of acute pain in the stomach, with indigestion, rigors occasionally, cold feet, and restlessness at night.

Aug. 3d.—Mr. P. was called and found him much excited, having just passed some six feet of a living *tænia*, which he said he had accidentally broken off. He was ordered a light supper, and to eat Indian gruel alone for the following week, at the end of which time he complained somewhat of debility.

12th.—He was ordered the following: **R.** Podophyllin, gr. iij.; leptandrin, gr. ij.; cypripedin, gr. vi. **M.** One half to be taken, and the remainder in three hours, with some nourishment between them. After two powders, had a dejection at 4, P.M., and with it 17 feet 9 inches of tapeworm, which was living, when passed. Still complained of debility and considerable pain in the epigastrium.

Warm fomentations were applied externally, and one drachm of tincture of hops was given, every four hours, until he was relieved.

From this time until Dec. 25th, he remained much the same, still complaining of uneasy feelings at the epigastrium, but able to attend to his business. He had, however, several severe rigors at intervals, with prostration, &c., lasting half an hour.

At the last-named date (Dec. 25th), he had a recurrence of the faintness and vertigo. Mr. P. was again called, and prescribed half an ounce of koussou in half a pint of water; one third of this quantity to be taken every twenty minutes, and lemonade to be drunk freely. At the end of three hours this was followed with ol. ricini,  $\text{ʒi.}$ ; in thirty minutes he had a free and very dark dejection, and with it 20 feet of living tapeworm. The symptoms after this remained about the same. He still had pain in the region of the stomach and liver, with constipation, thirst, irregular appetite and general debility. The urine was very high colored. A liberal diet, with tonics, was then tried, and he gradually improved and resumed his ordinary avocations. Dr. J. saw this last specimen, which was quite as slender at one extremity as it usually is near the head; but no head was found. If the head was left in the body, it must either have grown very rapidly during the next three months, or there must have been two worms.

Jan. 28th, 1857.—Another fragment of *tænia*, six inches in length, was passed alive. He then took a strong decoction of squash seeds, which he continued one week, and at the end of that time he discharged another piece of the worm, 17 inches long, which was dead. The tonic treatment, with a good diet, was continued until March 15th, when the symptoms returned as in the December previous.

March 18th.—The koussou was again prescribed as before, and in four hours he discharged 21 feet of living *tænia*, including the head. All the fragments, taken together, measured 71 feet, 3 inches.

The patient, after the last date, had a continuance of the gastric pain, dyspepsia and debility, during three months, but these seem entirely relieved, and he has since enjoyed good health.

In regard to the diet of this patient, he stated that he was very fond of pork, that he often dined upon it twice and sometimes three times during the week, and on several occasions he had eaten it raw.

The specimen, which was an uncommonly fine one, and was shown to the Society some months ago, is now in the Museum of the Medical College, and has a special interest attached to it, inasmuch as it has been figured and very minutely described by Dr. Weinland in his admirable monograph on the "*Tapeworms of Man*," just published (page 40).

### Bibliographical Notices.

*A Manual of Psychological Medicine, containing the History, Nosology, Description, Statistics, Diagnosis, Pathology and Treatment of Insanity. With an Appendix of Cases.* By JOHN CHARLES BUCKNILL, M.D., &c., and DANIEL H. TUKE, M.D., &c. Philadelphia: Blanchard & Lea, 1858. 8vo. Pp. 536.

THIS book is a valuable addition to medical literature, for notwithstanding the number of treatises on insanity, many of them of the



highest authority, there is no manual, with which we are acquainted, which can compare with this for completeness, clearness, convenience and usefulness. The names of the authors are sufficient guarantee that the work has been faithfully prepared, and that the principles and views promulgated in it may be relied on as of great value. The first three chapters of the work are devoted to the history and treatment of the disease among the nations of antiquity, and to the bearing of modern civilization on the prevalence of insanity; and they will be found extremely interesting. The much disputed question, whether civilization tends to promote insanity, is fully discussed, and the conclusion to which the authors arrive is, that there can be little doubt that insanity attains its maximum development among civilized communities, and remains at a minimum among barbarous nations, the unfavorable causes being, principally, the increased susceptibility of the emotions to slight impressions, consequent upon their constant cultivation—the abuse of stimulants—and the over-work to which the brain is subjected, especially in early life, by an over-wrought system of education. The Condition of the Insane in modern times, which forms the subject of the fourth chapter, contains a sketch of the amelioration in the mode of treatment of the unhappy subjects of insanity, which forms so remarkable an epoch in the history of medicine, constituting one of the greatest triumphs of the science, and which alone would entitle it to the lasting gratitude of mankind. It is an interesting fact that the idea of the practicability of releasing the insane from forcible restraint was carried out simultaneously by Pinel in France, and by Dr. William Tuke in England, in the year 1792.

The fifth chapter comprises the definition and classification of insanity. After citing all the principal definitions proposed by the most eminent writers, and stating the objections which pertain to each, the writers confess that “it is not in any definition of mental derangement that the student can learn what insanity really is. It is in the description of the disorder that he will be able, so far as books can help him, to comprehend its true characteristics; and most of all, in his actual observation of the insane.” The subject of the classification is also acknowledged to be difficult, and, so far as absolute completeness goes, impossible. “Idiocy, Dementia, Monomania, Melancholia, Mania, these may be said to constitute the generally recognized classification of insanity; and it is one which, so far as it goes, it is, on several accounts, practically convenient to retain.” For the convenience of the student a more comprehensive grouping is added, including Idiocy, Dementia (primary and secondary), Delusional Insanity (comprising melancholy, exaltation, destructiveness), Emotional Insanity (subdivided into melancholia without delusion, and mania with general extravagance of conduct, and with disposition to homicide, to suicide, to theft, &c.), and Acute and Chronic Mania.

The various forms of mental disease, and the statistics of insanity, including the causes, the proportion of recoveries and relapses, the mortality and proportion of the insane to the population in various countries, form the subjects of the next two chapters; while the eighth, ninth and tenth treat of the diagnosis, pathology and treatment of the disease. An appendix of cases illustrating treatment, causation and pathology, and a few referring to some excellent lithographic portraits, closes the volume.

In the above slight sketch we have only pretended to convey an

idea of the contents of the volume before us. Our limits forbid us to give a detailed analysis of the work, and to point out its excellences. We can only say we are satisfied that it fulfils, more than any other treatise on insanity with which we are acquainted, the wants of the student and the practitioner. The subject is one with which the profession at large have been hitherto but little acquainted, notwithstanding its vast importance. We believe that this manual will do much to supply what has been so long wanted, a good practical treatise on Mental Diseases.

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*Formulae for making Tinctures, Infusions, Syrups, Wines, Mixtures, Pills, &c., Simple and Compound, from the Fluid and Solid Extracts, prepared at the Laboratory of Tilden & Co., New Lebanon, N. Y. 1858. Pp. 162.*

THIS well printed volume is published by the enterprising firm of Tilden & Co., for the purpose of furnishing the requisite data for "putting up officinal formulæ by the use of" their Fluid and Solid Extracts, and it contains:—

"1st. A list of our [Messrs. Tilden & Co.'s] various preparations of vegetable medicinal agents, including Fluid and Solid Extracts, Resinoids, Alkaloids, Sugar-coated Pills and Granules.

"2d. An adaptation of the various simple preparations of the Pharmacopeias, such as tinctures, infusions, syrups and wines.

"3d. An adaptation of numerous choice and valuable compound Formulæ, selected from reliable, standard authorities."

The Messrs. Tilden announce that all their articles may be made use of in professional practice without any change from the methods employed in the original formulæ; the "adaptation" of the pharmacopeial preparations fitting them for easy management, both as regards the "strength of mixture and correspondence of doses." The simple formulæ only require "complete admixture of the parts" in their preparation, and no other quantities than such as are stated in the text, nor any other precaution than accuracy in proportioning the components of the formulæ."

The eleventh edition of the United States Dispensatory (1858) is the recognized basis for calculating the doses, and reliable authorities are cited when neither the American nor British Pharmacopeias recognize any substances as officinal.

The process of sugar-coating sundry pilular forms of drugs is a very useful one. There are many articles which it is desirable often to administer, which from their offensive taste or smell are very repugnant to patients. The coating of sugar is much better than the gilding or foil-covering—which latter has sometimes been so effectual an envelope, that the pills passed through the bowels unaltered; and when the patient has ceased to exist shortly after their administration, they have, we are told, been found unchanged in the intestines!

A long list of authorities is cited by the publishers, giving the sources whence the Formulæ are taken. Whilst Wood & Bache are referred to as the standard authority, in the main, for the botanical names employed, we observe that "King's American Eclectic Dispensatory" has sometimes had the "preference." We have no sympathy with any parties who issue a book or profess a practice which they specially term "Eclectic." All honest physicians are *eclectic*;



and the appending such a term to volumes of *materia medica*, or the institution of a system (falsely so termed) under a title which, to say the least, has always a quackish sound, has our unqualified condemnation. There is a flavor of Indianopathy and "botanical medicine" about it.

We think an inspection of the Messrs. Tilden & Co.'s laboratory, with its ingenious appliances, and of their "garden of some forty acres under rich cultivation," would well repay a visit to New Lebanon; and in respect to their preparations we do not doubt that the following is strictly true: "The utmost care, united with the latest scientific developments in the adaptation of improved apparatus, is expended to make these preparations uniform and reliable." The publishers close their preface by expressing the wish that the formulæ, which they intimate will be continued in the numbers of their *Journal of Materia Medica and Pharmaceutic Formulary*, "will prove a satisfactory reply to those whose repeated inquiries incited to their publication." The volume is garnished with a neat representation of the buildings and grounds composing the proprietors' establishment.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 30, 1858.

### MEDICAL CHARITIES.

In every civilized community, we now find that provision for the sick poor which has long since come to be recognized as a public necessity; and the deserving laborer or worn-out seamstress, can, in most of our cities, find an asylum, and receive faithful care, when stricken by disease. The large number of foreigners who land on our shores, increases the bulk of invalids charitably attended at hospitals and dispensaries; and since the opening of the Central Office of the Boston Dispensary, the out-patients of that institution have steadily increased—until it may well be a question with the Managers, how their funds will hold out in supplying the medicines and surgical paraphernalia requisite for the care of the numerous applicants. We have no doubt that, were solicitation of additional funds from the public deemed expedient, ample means would readily be supplied to so useful an institution; and the evident need of the latter to the poor population of our city, has now been fully demonstrated. It only needs a visit or two, during the hours of medical and surgical service at the Central Office, to demonstrate to any one, of ordinary perception and judgment, the necessity for such provision, and the opportunity of opening a vastly increased field of usefulness in the same line.

The fact that many doubtless take advantage of the opportunity afforded by the Managers of the Dispensary, to be treated for ailments, gratuitously, when they can afford to pay something, in no degree nullifies the actual good done to others, really destitute; except, indeed, that what time and money is expended upon those who deceive the officers, would be better laid out upon those who are actually suffering.

In dispensing medical charity, there are two classes to be consider-

ed as mainly contributing to the results obtained ; and neither party could do aught without the other. Happily, the two are generally found ready to act harmoniously together. First, we have the generous contributors to the institution and maintenance of Asylums, Hospitals and Dispensaries ; and secondly, the corps of Managers and the Physicians and Surgeons who arrange and carry out the practical details. Great credit is due to those, who, by contributions of money, or by the devotion of valuable time, enable these institutions to live, and often to flourish. And we may say, with truth, that the disinterested and faithful services of the medical officers of such charities are worthy of all praise. It is not, probably, at all realized, how much hard work is done by such men, who are eminently well fitted for the treatment of all ailments, injuries, &c., presented to them for management. Then, the overseeing of such establishments is no sinecure office ; and, in the case of the Boston Dispensary, its requirements are met by the Superintendent, Dr. J. B. Alley, with an ability and fidelity which merits the highest commendation.

The profession is, we conclude, fully aware of the state of matters relatively to the care of the poor of our city when ill ; but the community, as a general thing, is lamentably ignorant of how much is done for them, and sufficiently lukewarm when it is made to comprehend it. We speak, now, of the people *en masse* ; ever ready to run for the doctor on the slightest occasion, as well as under the stimulus of urgent necessity—but slow to appreciate, and still slower to reward his arduous services. We do not deny that there is a large, and, we trust, an increasing class, who recognize alike the need of this sort of charity, and the readiness of the members of our profession to do their share of it ; but there are too many who seem to expect physicians to work, often and long, for nothing ; just as if they could afford to practise their Art, always, gratuitously, or else exercise it solely for pleasure. A free horse, it is said, should never be driven quite to death—let every one do their part, and all will be well.

The appreciation of what is done in the way of medical charities, is easy—whilst the profession never obtrudes its good deeds upon the notice of the community, still, “he who runs may read,” in many places, the evidences of its labors. There needs, as we before remarked, only a few visits to our public medical buildings, or one or two trips with the dispensary physician, in his daily rounds, to realize all that we have intimated. We are glad to see that some of the fine minds of Great Britain are giving expression to their sentiments upon this and kindred subjects ; and we cannot more fitly conclude our article than by quoting some sentences from a paper entitled “Hospitals,” by Henry Morley, Esq., author of “Palissy, the Potter,” and other papers, and whom we have before quoted in our pages, in a somewhat similar connection. “No institutions in this country [Great Britain] maintained by public funds, are managed with a stricter reference to the end proposed in their foundation, than the hospitals for the sick in London, Edinburgh, Dublin, and the chief provincial towns. Not very many of them are endowed. Most of them, overwhelmed by applications from unhappy creatures who beg for relief when in the sorest need, strain to the utmost their powers of usefulness, and even spend by anticipation the increased help which the public will be asked to give. The English public very rarely fails to meet such bills, drawn, not dishonestly, on its benevolence. Let



us be just enough, before we pass further, to say that the mainstay of the European hospital-system, as it now exists—no longer in charge of the monks—is the right-minded liberality of the medical profession. Hospitals for the sick are practically entrusted altogether to the control of this body of men; which might have mismanaged its trust, but has not done so. It has foregone every mean advantage, and seized only a noble one. Using the masses of disease brought together in these great establishments, as a means of study, for the sake of experience that can be acquired in them by skilled men, and of the practical knowledge that can be imparted in them to the student, the profession undertakes, gratuitously, to supply them with the best attendance that its ranks can furnish, to watch over them jealously, and to protect them with all its might against the black spirit of jobbing. There are many littlenesses in the medical profession, but this is a greatness. The relation in which it stands to the hospital-system throughout Europe, forms, indeed, one of the best features of modern civilized society.

“There are also many phrases cherished by the nation, and inscribed by it on flags of triumph, which are not so really glorious as the inscription commonly seen running across the walls of a great hospital—Supported by Voluntary Contributions. How large a mass of quiet charity, exerted year by year, keeps every such establishment in action!”

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#### THE AMERICAN PHARMACEUTICAL ASSOCIATION.

THE seventh annual meeting of this important Association was held in the Smithsonian Institute at Washington, Sept. 14th. The session terminated on the evening of the 17th, and was numerously attended, ninety-one new members having joined during the past year. To judge from the interest manifested during the meeting, and from the character of the reports and other papers presented, the Association seems to be in a very flourishing condition. We have already expressed our belief that it would ere long exercise a beneficial influence upon the state of medical science among us. We regard it as an important means of checking the tendency to employ quack medicines, which is one of the great evils of our land, by the improvement which it fosters in the pharmaceutical art. The meeting was attended by a number of eminent scientific men, who, though not practically interested in pharmacy, have devoted attention to subjects having more or less bearing upon it.

The adulteration of drugs is the subject of a long report by Prof. C. B. Guthrie, of New York, and to one who is ignorant of the vast extent to which this evil prevails, the details would be astounding. The chief causes, according to Prof. Guthrie, are to be found in the universal fondness for the employment of nostrums and vaunted quack medicines, which interferes with the profits of the legitimate drug trade. “To sum up the whole matter,” he says, “can we reasonably expect our people to refuse to sell, to buy, or to use adulterated or sophisticated drugs, while they permit similar impositions in almost every branch of trade and commerce? Can we reasonably expect people to have faith in the purity of medicines, and be willing to pay the price of them, when they spend annually a sum for patent nostrums sufficient not only to pay the entire medicine bills of the

sick, but buy their necessary medicines besides? \* \* \* Can we expect apothecaries to always supply themselves with that class of medicines, at the extra price they must and ought to pay for them, when their next-door neighbor furnishes a cheaper kind, that gives to the customer equal satisfaction, and pays a better profit besides? Where, then, is the hope for a better state of affairs? Shall we go on, and on, at this rate, doing violence to conscience and all the principles of honesty recognized among Christian men and gentlemen? We trust not, but yet we cannot say that we see any hope for reform in legal enactments or statutory prohibitions." The report closes by saying that the elevation of the profession is the best means of attaining the desired objects, and points to the growth and success of the Association as an evidence that a brighter day is dawning upon the country in this respect.

An interesting report on the professional intercourse between physicians and pharmacutists was read by Mr. Samuel M. Colcord, of Boston. The importance of the accomplished dispenser to the physician was pointed out, and complaint was made that the claims of the former were often ignored by medical men. How often it happens that prescriptions are so illegibly written that fatal consequences might ensue if they were not correctly read. How often it occurs that mistakes are made by the physician which are corrected by the apothecary. It was maintained that the apothecary was justified in refusing to compound a prescription, when it was reasonable to believe it might prove fatal, or even dangerous to the patient. The reporter held "that apothecaries are as good judges of the professional qualities of physicians as physicians are of apothecaries," and that the latter was bound to give his candid opinion of the former, when solicited to do so by the patient, if sure that his opinion was correctly formed. The statistics of the profession, however, show plainly that a majority of the dispensers in this country are incompetent properly to perform the duties intrusted to them. Much discussion followed the reading of this report, and a motion was made to strike out that portion which placed the profession of pharmacy above that of medicine, as it was feared it would excite the ill-feeling of physicians toward the Association; but the motion did not prevail. We cannot agree to all the sentiments contained in this report, but we have no space to comment upon it at present. We may offer some remarks on the subject at a future time.

Several other reports of value were presented, which we regret we cannot now allude to. The officers of the Association for the ensuing year are as follows:—*President*, John L. Kidwell, of Georgetown, D. C.; *Vice Presidents*, Edward R. Squibb, of New York, James O'Gallagher, of St. Louis, and Robert Battey, of Rome, Ga.; *Recording Secretary*, W. J. M. Gordon, of Cincinnati; *Corresponding Secretary*, Ambrose Smith, of Philadelphia; *Treasurer*, Samuel M. Colcord, of Boston; *Executive Committee*, S. S. Garrigues of Philadelphia, H. W. Lincoln of Boston, E. L. Massot of St. Louis, F. S. Walsh, D. C., W. J. M. Gordon, Recording Secretary, *ex officio*. On motion of Mr. Colcord, it was voted that the next annual meeting be held in Boston, on the second Tuesday of September, 1859, at three o'clock, P.M. The proceedings of the Association are fully reported in the *Washington Union*, to which we are indebted for the above particulars.



## MEDICAL TREATMENT OF INEBRIETY.

An asylum has lately been commenced at Binghamton, N. Y., for the reception and treatment of a peculiar class of cases, which, although manifested by a tendency to the excessive use of alcoholic liquors, are considered to differ from other cases of intemperance in being the result of disease, or of a peculiar diathesis, which impels the unfortunate patient to drink, and which is either produced by intemperance, and then perpetuating it, or produces intemperance and then continues it. The corner-stone of the asylum was laid on the 24th of September, on which occasion an address was pronounced by the Rev. Dr. BELLOWS. The project of an asylum for inebriates, if it did not originate with Dr. J. EDWARD TURNER, was first brought before the public and successfully carried out by him. Without reward, and at his own expense, he has devoted himself to the subject, and the erection of this asylum will be the practical result of his philanthropic labors.

We presume that every practitioner has seen cases of intemperance which were clearly the result of disease, or of strong morbid tendencies, which could be better managed in an asylum than at large, and which are often curable when subjected to the proper treatment. The affection bears a strong resemblance to insanity, if, indeed, it be not one form of that disease. What is called *oinomania* is an irresistible impulse to indulge in intoxicating substances, whenever and wherever they can be procured, and although the patient is perfectly aware of the horrible consequences of indulgence, he finds himself utterly unable to resist the cravings of his diseased appetite. This is quite different from the habit of becoming intoxicated, or from the habit of drinking daily a larger quantity of alcohol than is consistent with health, which are quite compatible with self-control; it resembles more the tendency to suicide, which the victim of mental disease may struggle against manfully, with the fullest conviction of the frightful consequences of the act, but which he often, sooner or later, finds it impossible to resist.

We shall look with great interest to the results of the treatment at the Binghamton Asylum. We feel confident that a vast amount of this melancholy disease is susceptible of treatment, that much of it may be cured, and we believe that no plan of treatment can be compared to that which experience has found to be indispensable for the cure of its kindred disease, insanity.

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*Suit brought by a Medical Student against his Teacher.*—Morris H. Henry, a student in the office of Prof. Carnochan, of New York, lately brought an action against the latter for services in assisting in making anatomical drawings, in acting as amanuensis, and in writing medical disquisitions and attending patients. He claimed about \$500. On the part of the defendant, it was alleged that the plaintiff was taken as a student without any other consideration than that any services he might be able to render were to be set off as against the instruction and experience he might acquire under the practice of the defendant. There were some side issues in the case, and the jury returned a verdict of \$400 for the plaintiff.

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DR. S. W. GROSS has become associated with his father, Dr. S. D. Gross, in the editorial conduct of the *N. A. Medico-Chirurgical Review*.

*Diarrhœa in the first year of Life.*—Calomel, one-sixth of a grain every third hour, is a remedy, where there is no fever, in the diarrhœa of infants under one year of age. Such is the experience of Dr. Schuller, of Vienna, in regard to infants who are, or have been, nourished by breast-milk; experience in hospitals, on children artificially fed, gave a negative result. Calomel has the curing effect which has just been stated, only when the diarrhœa is beginning. If it has not been successful in stopping diarrhœa within twenty-four or forty-eight hours, it is of no use, and has to be discontinued. Vomiting, while calomel is given, yields no contra-indication.—*Jahrbuch für Kinderheilkunde und physische Erziehung.*

*Congenital Extrorversion of the Bladder* usually occurs in male infants, combined, in the majority of cases, with fissure of the urethra on the dorsal surface of the penis. Mr. Curling (*London Lancet*, Am. ed., Aug., 1858, p. 141) publishes a case of this malformation occurring in a female infant. There was a defect of the symphysis pubis, and an absence of the anterior commissure of the labia and clitoris. An opening was present in what appeared to be the mucous membrane of the anterior wall of the vagina, which might be either the meatus urinarius or the entrance of the uterus. Two smaller openings were present, one on either side of this, which might be either the seminal ducts, or else the Fallopian tubes. A slight prominence on either side of the supposed vagina represented, to some extent, the nymphæ. There was no scrotum nor testes.—*New York Journal of Medicine.*

*Wind of a Shot.*—The following extract from an Indian letter confirms the doubts entertained as to deaths attributed to the "wind of a shot":—"Brigadier Russell is also about to leave the army, under the advice of a medical board. Never, perhaps, in all the chances of war has there been such an escape as his. A cannon ball cut the gold watch chain at the back of his neck as cleanly as if it had been a pair of nippers, and did him no further injury, except inflicting a shock to his nervous system.—*Medical Times and Gazette.*

*Question of the cure of Cataract without Operation.*—M. Testelin has compiled an elaborate paper investigating the reputed cases of cure of cataract without operation; and he quite agrees in the conclusion arrived at by a very large majority of ophthalmologists who met at Brussels congress, viz., that there is not on record any case sufficiently authenticated proving that medical treatment can arrest or cause the retrocession of a spontaneous opacity of the crystalline lens. *Medical Times and Gazette*, July 3, 1858, from *Annales d'Oculistique*, t. xxxix.

*Curative Effects of Pregnancy on Prolapsus Uteri.*—M. Brachet relates some cases in proof of the fact, that while the ordinary modes of treating prolapsus uteri by means of pessaries, abdominal belts and the like, usually fail, a cure may not infrequently be procured if the patient fall pregnant again, and then be confined to her bed for a period not less than forty days after delivery.—*American Medical Monthly.*

*Health of the City.*—The diminished mortality of Boston still continues, being remarkably less than for the corresponding week of last year. While the number of deaths from consumption was about equal for the two periods, that of the deaths from cholera infantum was less than half, last week, the number during the same week of 1857. The deaths by dysentery were also less by 2 than last year. The total number of deaths for the corresponding week of 1857 was 118, of which 15 were from consumption, 35 from cholera infantum, 7 from dysentery, 6 from whooping cough, and 3 from casualties.

MARRIED.—At Danvers, 22d inst., Preston M. Chase, M.D., to Miss Laurinda Bailey, of West Newbury.

DIED.—At Derry, N. H., 15th inst., Dr. George Farrar, 80.—At New Haven, Dr. Timothy P. Beers, a prominent physician of that city, in the 69th year of his age.

*Deaths in Boston* for the week ending Saturday noon, September 25th, 80. Males, 39—Females, 41.—Accident, 2—albuminuria, 1—inflammation of the bowels, 1—bronchitis, 1—inflammation of the brain, 3—consumption, 16—convulsions, 1—cholera infantum, 14—croup, 1—cyanosis, 2—dysentery, 5—diarrhœa, 2—dropsy, 4—drowned, 1—infantile diseases, 3—eczema, 1—scarlet fever, 1—disease of the heart, 2—intemperance, 1—congestion of the lungs, 1—marasmus, 1—old age, 3—palsy, 2—pleurisy, 1—teething, 3—unknown, 2—whooping cough, 5.

Under 5 years, 33—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 58—Ireland, 19—other places, 3.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## "RATIONAL MEDICINE"—A REVIEW.\*

[Communicated for the Boston Medical and Surgical Journal.]

THE Profession and the Public are under renewed obligations to Dr. Bigelow for the publication of this little volume. In it he advocates afresh those principles on which just ideas of the true mission and powers of the medical art must be forever founded, and vindicates a doctrine to which its followers in this vicinity have for some time past given the title of "Rational Medicine"—hoping themselves to merit in some reasonable measure the distinctive appellation of "Rational Physicians," in contradistinction to such as may pursue an artificial, heroic, expectant, homœopathic or any more narrow system of practice.

An early promoter of these principles, and for a quarter of a century their especial advocate, Dr. Bigelow, by various publications, and still more by the unmeasured influence of learning and experience, combined with strong common-sense philosophy, has held a salutary check upon medical assumption and credulity, and effected a marked change in the reasonings and general practice of physicians in this part of the country. It is not too much to say that to him more than all others is due the commanding respect which "Rational Medicine" is now receiving and is henceforth to receive on this side of the Atlantic, over the "extravagances of a so-called heroic and over-active practice on the one hand, and of a nugatory and ignorant practice on the other."

The publication before us seems to have been written as an introduction to a series of re-publications which Dr. Bigelow had proposed to issue under the general title of "Rational Medicine," but in which he was interrupted by the unforeseen appearance of a New York edition of Sir John Forbes's "Nature and Art in the Cure of Disease," which was to have formed the first volume of the series. It is therefore naturally dedicated to that gentleman, with a just tribute to the great service he has rendered the cause

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\* Brief Expositions of Rational Medicine, to which is prefixed the Paradise of Doctors, a fable. By Jacob Bigelow, M.D., late President of the Massachusetts Medical Society, Physician of the Massachusetts General Hospital, &c. Boston: Phillips, Sampson & Co., 13 Winter St. 1858. 12 mo., pp. 69.

in former times, and more especially by his recent "noble work" connected with the subject above named. After the dedication follows an allegory, read at the Annual Dinner of the Massachusetts Medical Society, entitled the "Paradise of Doctors," in which the past and present condition of medical matters is set forth in an entertaining manner, and with more truth, we fear, than fable.

In coming to the body of the publication from which it was the purpose of this article to make a few quotations, we find it almost impossible to make the selection, so important and truthful is every word and sentence throughout its invaluable pages.

"The methods which, at the present day, are most prevalent in civilized countries, in the treatment of disease, may be denominated the following:

"1. The *Artificial* method, which, when carried to excess, is commonly termed heroic, and which consists in reliance on artificial remedies, usually of an active character, in the expectation that they will of themselves remove diseases.

"2. The *Expectant* method. This consists simply in non-interference, leaving the chance of recovery to the powers of nature, uninfluenced by interpositions of art.

"3. The *Homœopathic* method. This is a counterfeit of the last, and consists in leaving the case to nature, while the patient is amused with nominal and nugatory remedies.

"4. The *Exclusive* method, which applies one remedy to all diseases, or to a majority of diseases. This head includes hydro-pathy, also the use of various mineral waters, electrical establishments, etc. Drugs newly introduced, and especially secret medicines, frequently boast this universality of application.

"5. The *Rational* method. This recognizes nature as the great agent in the cure of diseases, and employs art as an auxiliary, to be resorted to when useful or necessary, and avoided when prejudicial.

"The foregoing methods, with the exception perhaps of the last, have had their trial in various periods and countries, and have given rise to discussions and controversies which are not terminated at the present day.\*\*\*\*Any person who will take the trouble to inspect the medical journals published thirty or forty years ago will find many things, then laid down as medical truths, which are now generally admitted to be medical errors." Pp. 27-28.

"The vulgar estimate of the powers of medicine is founded on the common acceptance of the name, that medicine is the art of curing diseases. A far more just definition would be, that medicine is the art of understanding diseases, and of curing or relieving them when possible. If this definition were accepted, and its truth generally understood by the profession and the public, a weight of superfluous responsibility on one side, and of dissatisfaction on the other, would be lifted from the shoulders of both. It is because physicians allow themselves to profess and vaunt



more power over disease than belongs to them, that their occasional short-comings are made a ground of reproach with the community, and of contention among themselves.

"It is now generally admitted by intelligent physicians that certain diseases, the number of which is not very great, are at once curable by medical means. It is also beginning to be admitted in this country that certain diseases are *self-limited*,—incurable now by art, yet susceptible of recovery under natural processes, both with and without the interference of art. Yet, so reluctant are physicians to acknowledge these universal truths, or to admit their own incompetency, that incurable and unmanageable diseases have been complacently called *opprobria medicinæ*, as if they were exceptions to a general rule." Pp. 29–31.

"The safe conduct of the sick, as will be seen from the last head, consists much more in cautionary guidance than in active interference. \* \* \* People sometimes suffer from neglect, but more frequently from ill-judged and meddlesome attention. \* \* \* Intelligent and discreet physicians are sometimes driven by the importunity of friends to the adoption of active measures, or at least the semblance of them, which their own judgment informs them would be better omitted. And the case is still worse when the impulsive temperament of the physician himself, or the influence of his early education, or the dominant fashion of the place in which he resides, is so exacting in regard to activity of treatment as to make him believe that he cannot *commit* too many inflictions upon the sick, provided that, in the end, he shall be satisfied that he has *omitted* nothing." Pp. 33–34.

"From the earliest ages a belief has prevailed that all human maladies are amenable to control from some form of purely medical treatment, and although the precise form has not yet been found, so far as most diseases are concerned, yet, at this day, it continues to be as laboriously and hopefully pursued, as was the elixir vitæ in the middle ages. Within the present century, books of practice gravely laid down "the indications of cure" as if they were things within the grasp of every practitioner. It was only necessary to subdue the inflammation, to expel the morbid matter, to regulate the secretions, to improve the nutrition, and to restore the strength, and the business was at once accomplished. What nature refused, or was inadequate to do, was expected to be achieved by the more prompt and vigorous interposition of art. The destructive tendencies of disease, and the supposed proneness to deterioration of nature herself, were opposed by copious and exhausting depletion, followed by the shadowy array of alteratives, deobstruents and tonics. Confinement by disease, which might have terminated in a few days, was protracted to weeks and months, because the importance of the case, as it was thought, required that the patient should be artificially 'taken down,' and then artificially 'built up.'

"When carried to its 'heroic' extent, artificial medicine undermined the strength, elicited new morbid manifestations, and left more disease than it took away. \* \* \* \* A considerable amount of violent practice is still maintained by routine physicians, who, without going deeply into the true nature or exigencies of the case before them, assume the general ground that nothing is dangerous but neglect. \* \* \* \* Consulting physicians frequently and painfully witness the gratuitous suffering, the continued nausea, the prostration of strength, the prevention of appetite, the stupefaction of the senses, and the wearisome days and nights, which would never have occurred had there been no such thing as officious medication. \* \* \* \* If diseases proved fatal, or even if they were not jugulated or cut short at the outset, the misfortune was attributed to the circumstance of the remedies not being sufficiently active, or of the physician not being called in season. So great at one time, and that not long ago, was the ascendancy of heroic teachers and writers, that few medical men had the courage to incur the responsibility of omitting the active modes of treatment which were deemed indispensable to the safety of the patient." Pp. 35-38.

"I sincerely believe that the unbiassed opinion of most medical men of sound judgment and long experience is made up, that the amount of death and disaster in the world would be less, if all disease were left to itself, than it now is under the multiform reckless and contradictory modes of practice, good and bad, with which practitioners of adverse denominations carry on their differences at the expense of their patients." P. 41.

"It is to sincere and intelligent observers, and not to audacious charlatans, that we are to look as the ultimate lawgivers of medical science. Our present defect is not that we know too little, but that we profess too much. We regard it as a sort of humiliation to acknowledge that we cannot always cure diseases, forgetting that in many other sciences mankind have made no greater advances than ourselves, and are still upon the threshold of their respective structures. Medical assumption may well feel humbled by the most insignificant diseases of the human body. Take, for example, a common furunculus or boil. No physician can, by any internal treatment, produce it where it does not exist. No physician can, by any science, explain it, and say why it came on one limb and not upon another. No physician can, by any art, cure it after it has arrived at a certain height. No physician can, by any art, delay or retain it after it has passed the climax assigned to it by nature. And what is true in regard to a boil is equally true of common pneumonia, of typhoid fever, of acute rheumatism, of cholera, and many other diseases.

"In the present state of our knowledge the truth appears to be simply this: Certain diseases, of which the number is not very great, are curable, or have their cure promoted, by drugs, and by appliances which are strictly medicinal. Certain other



diseases, perhaps more numerous, are curable in like manner by means which are strictly regimenal, and consist in changes of place, occupation, diet, and habits of life. Another class of diseases are self-limited, and can neither be expelled from the body by artificial means, nor retained in the body after their natural period of duration has expired. Finally, a large class of diseases have proved incurable from the beginning of history to the present time, and under some one of these the most favored members of the human race must finally succumb; for even curable diseases become incurable when they have reached a certain stage, extent, or complication. \* \* \*

"It is the part of rational medicine to study intelligently the nature, degree and tendency, of each existing case, and afterwards to act, or to forbear acting, as the exigencies of such case may require. To do all this wisely and efficiently, the practitioner must possess two things: first, sufficient knowledge to diagnosticate the disease; and, secondly, sufficient sense to make up a correct judgment on the course to be pursued." Pp. 48-50.

"Having already touched upon this subject, I have only to add, that if many of the troublesome appliances and severe exactions of modern practice were superseded by gentler, more soothing, and more natural means, a good would be done to the human race comparable to the conversion of swords into ploughshares." P. 54.

"It is the part of rational medicine to require evidence for what it admits and believes. The cumbrous fabric now called therapeutic science is, in a great measure, built up on the imperfect testimony of credulous, hasty, prejudiced, or incompetent witnesses. \* \* \* \*

"The enormous polypharmacy of modern times is an excrescence on science, unsupported by any evidence of necessity or fitness, and of which the more complicated formulas are so arbitrary and useless, that, if by any chance they should be forgotten, not one in a hundred of them would ever be re-invented. And as to the chronicles of cure of diseases that are not yet known to be curable, they are written, not in the pages of philosophic observers, but in the tomes of compilers, the aspirations of journalists, and the columns of advertisers.

"It is the part of rational medicine to enlighten the public and the profession in regard to the true powers of the healing art. The community require to be undeceived and re-educated, so far as to know what is true and trustworthy from what is gratuitous, unfounded and fallacious. And the profession themselves will proceed with confidence, self-approval and success, in proportion as they shall have informed mankind on these important subjects. The exaggerated impressions now prevalent in the world, in regard to the powers of medicine, serve only to keep the profession and the public in a false position, to encourage imposture, to augment the number of candidates struggling for employment, to bur-

den and disappoint the community already overtaxed, to lower the standard of professional character, and raise empirics to the level of honest and enlightened physicians." Pp. 55-57.

These liberal extracts will give an idea of the general scope and tendency of the work before us. It should be extensively read by the community at large, and thoroughly studied by every one who pretends to practise medicine in an enlarged and liberal spirit. And if every medical student were henceforth required to study its pages as a pre-requisite to receiving a degree, the Colleges would thereby confer a greater benefit on coming generations than by increasing the number of lectures on therapeutics or enlarging their cabinets of *materia medica*. In a word, the principles inculcated in this work must hereafter be the guide of every practitioner who, however "regular" he may be in other respects, would not lose all claim to the more distinctive and more honorable title of "Rational Physician."

B. E. C.

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#### CASES OF SCARLATINA.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

CASE I.—A girl, aged 5 years, was seized with vomiting in the night, and soreness in the throat in the morning, of Friday. I found her, at an early visit, feverish, with noisy hoarse respiration, and a croup-like voice. Some swelling of the tonsils and diffused redness of the fauces were discovered, on examination. On Sunday, the whole skin was covered with scarlet rash. I have never seen this more pronounced. Very little constitutional disturbance existed. Food was earnestly demanded, and the strength was but slightly diminished. Convalescence began on Tuesday, and proceeded without interruption.

CASE II.—A sister, 8 years old, was attacked on the following Sunday evening with vomiting and diarrhœa. I found her in bed, with sore throat, hoarse, rough voice, and very pale skin. She has always been thin and pale, but very active, cheerful, of singularly happy temperament, of intellectual power far beyond her years, and among her young friends a great favorite. The deep interest in her at home was at once discovered by the anxiety which her illness produced. For two months she had been troubled with an obstruction of the nose, which obliged her to breathe through the mouth. This was a great annoyance during most of her illness; the fauces and whole mouth were constantly kept dry by breathing through the mouth, demanding drink for relief. Her pulse was quick, and somnolency was a prevailing state. She, however, was easily roused, and discovered a perfect clearness of mind, almost throughout her disease. She craved food, and relished the liquid farinaceous diet allowed her. Examination showed



redness of the fauces, but little swelling of the tonsils or neighboring parts. The scarlet eruption appeared on Wednesday. It was universal, but had none of the intenseness of color of the first case. There was, however, more restlessness, and general irritation of the skin. Inunction gave great relief, and was urgently demanded. Olive oil was used, and as freely as circumstances required. On the sixth day from the attack, there was remission of all the symptoms. The pulse, voice, state of skin, manner, all showed the change. She had never complained, always saying she felt very well, but to-day her whole appearance showed that an important change had occurred. I was quite willing to agree with her parents and other attendants that she was better. So great had been their anxiety, that her mother had not left her from the first day of her attack, not even to change her dress, or to go to bed, and the devotion of her father was as remarkable, he never leaving the house except on business which obliged him to be from home. But while I expressed pleasure at the apparent convalescence, I could not but say to them that I felt uneasy concerning the result; that uncertainty attached to every case of the disease, and that there had been from the first in this case something which I could not well define, which made me regard it with suspicion from the beginning, and I referred to the frequency of my visits to show what my feelings had been in regard to it. I had daily visited her, before sunrise, noon, and late in the evening.

On the seventh day of the attack, I found her very ill. She had been seized, since my last visit, with rheumatism, which had passed from joint to joint until every one was attacked. The head was fixed, and a slight swelling of a gland about mid-way on the right side of the neck had increased so as to extend from the angle of the jaw to the shoulder, and broadly behind and before. Œdematous swellings had occurred in the limbs beyond the rheumatic enlargements, and the whole face was swollen. The eruption had not disappeared, and now the irritation of the surface returned, making a case of suffering which I have rarely seen in the practice of a long life. Erysipelas next appeared upon the tumor of the neck, which soon extended beyond its hard boundaries. The appetite did not fail. The pulse was very rapid and thrilling. The heat was great. She took her food with evident pleasure. Swallowing was easy. The renal excretion was abundant, and from being turbid in the earlier days of the disease, had become clear, and of a natural color. The bowels were regular, or were readily moved by mild injections.

On the fourth day improvement again declared itself. The erythema disappeared. The swelling of the neck diminished. The rheumatic joints were less swollen, and the limbs could be moved. She bore well such motion as change of place in bed made necessary; and again it seemed possible that she might recover. But this state was of but short duration. Strength failed,

and delirium at night occurred. Accumulations of dense, transparent mucus took place in the throat, which it required more and more effort to dislodge, till on the sixteenth day of the disease she began to sink, and in the course of the day she died, suffocated.

Nothing has been said of the treatment in this case. It was regulated by circumstances. The indications were to support the strength, or to do nothing which might impair it; and to relieve suffering. The disease had its cause in a poison, and the result depended upon the force of the attack, the powers of the system to resist this, together with the aid which remedies might give to the constitutional powers of the patient.

CASE III.—A sister, aged about 3 years, was attacked on Monday, the day following that on which the second occurred. The disease came on with night-vomiting, with hoarseness of voice, but with no complaint of throat. Eruption followed promptly, and was as strongly marked as it was in the first case. She was fleshy, with good color, and of excellent constitution. She was hardly laid up, being in arms, or walking about the chamber, with excellent appetite. She was clamorous for food. No pain was complained of when swallowing, nor any physical discomfort whatever manifested. She recovered without any accident.

CASE IV.—Mr. —, the father of the above, aged about 35 years, was taken on the Saturday following. He was seized with vomiting and diarrhœa in the night, and had sore throat the following morning. He had been with his sick children constantly, and when absolutely obliged to go to bed, he remained on it but for a short time, and was up and watching again, day and night. His throat was exceedingly sore. He had no eruption, and was convalescent in about a week.

CASE V.—Miss —, a sister of the mother, aged 32 years, who had come to assist her, took her bed on the Thursday before Mr. —. Disease began with vomiting and diarrhœa, and pursued very much the course of that just reported. The soreness of the throat was exceedingly distressing, and universal malaise required her to keep her bed constantly for three or four days.

Mrs. —, mother of the children, also a servant woman, a female lodger, and a female friend who came to aid Mrs. —, all had sore throat; the last was so severe as to make it necessary for her to go home. The others kept about, not because it would not have been preferred by them to have gone to bed, but because of the demands made upon them by the severe illness and suffering around them, and which required constant attention.

The mortality in this family was not great, considering the suddenness and rapidity with which its members were attacked, and the severity of the first seizures. The throat gave little trouble in the children, in whom the eruption was so prompt, and declared; whereas, in the adults there was great suffering from the throat-



ail. The stomach was disturbed in almost all, and full precursory vomiting in five. It would seem, from the marked relief in the children, especially in the two first, which followed the eruption, which in these was so perfect, that the subsequent state was decidedly modified by it. This was almost as striking in the fatal case as in her sisters. In these last, however, the complications of the disease, or its sequelæ, did not happen, and recovery was rapid and complete.

I well remember a family of five children, who had scarlatina at or nearly the same time. Two were seized on the same day. They were struck down together, as if by cholera. Reaction appeared in neither of them. I found them pale, cold, unconscious, and almost pulseless. So they continued till their sudden death; and they were buried together. In the third, the disease showed itself in the throat, and on the skin, but death occurred not long after the seizure. In the fourth, chronic disease followed, and death some weeks after the attack. The eldest, a boy, survived.

From the comparative mildness of the disease, in the adults, in Mr. —'s family, the inference was that they had had scarlatina before, and that this had modified the present attack in them. All its symptoms, save eruption, were present. Something of the same kind is observed in smallpox hospitals. In these, the nurses, and sometimes the physicians, are seized with some of the symptoms, and this, too, when they have not only had cowpox, but variola itself. In these cases, I am told, the skin shows the disease; some slight eruption following its formative stage, or that of access. These facts bring strongly before us the question if something might not be done to produce the modified form of this disease, which occurs in those who have had it before? Prophylactics, so called, and those too which have some fame, as belladonna, can hardly be relied on. Compare the recent cases reported in this paper, with those which occurred under my own care some years ago, in another family, and were so fatal, and say, what could have prevented the same fatal progress in the latter. These inmates were all poisoned at the same time, and the difference there was between the attacks may be referred safely to some condition of the subjects. Except in the fatal instance, all were fairly convalescent one week from the day of the attack, and death occurred in the fatal one on the sixteenth day from invasion. This case brought to my mind that of a nephew, who had scarlatina several years ago so severely as to leave no hope of recovery. He had all the sequelæ, too—namely, erysipelas, rheumatism, anasarca, ascites, the whole—and recovered after many months' illness, but was long liable to attacks of rheumatism, which made him a great sufferer. Pneumonia, also, became a severe and dangerous trouble to him, so that for several years he has given up animal food, and has had excellent health since.

Between four and five hundred deaths from scarlatina occurred

in Boston the last year, making above a tenth of the whole mortality. Few facts can more strongly teach the importance of a prophylactic. I believe it has been attempted to produce measles by inoculation, with what results I do not remember. Why not attempt the prevention of scarlatina by like means? We know not why inoculation is, as a rule, safe in variola, the deaths being almost as nothing to the recoveries, when compared with those which follow natural smallpox. Why may we not, it has been asked, look to the same results from inoculated scarlatina, if such a thing be possible.

I said that, notwithstanding the favorable changes more than once observed in the fatal case, anxiety about the result was never absent from me. It is not easy, at least with me, to explain this fact in my prognosis in a grave disease. My visits were frequent in this case, and once this was referred to by me to the parents, as it might lead them to think that I supposed danger existed, even when things seemed so favorable as reported. It is common with me to be hopeful, when to others there may seem no hope. Diagnosis is rapid. What a case is, or what it is to me, follows very soon upon its examination, and the knowledge thus obtained remains until new revelations are made, or other examinations modify the teachings of the first. Prognosis gets its character from this mode of investigating or regarding disease. It is not from the apparent severity of symptoms that I prognosticate unfavorable results, for in the presence of the severest I often feel an assurance that recovery will happen. In other words, the weight of disease or the amount of danger is not measured alone by existing symptoms. Consultations in midwifery may have done something to produce this intellectual habit. We are called to these when danger is supposed to be imminent, or that it is no longer safe to leave the case as it is. Something may be recommended or done which in a short time gives an entire new aspect to the case, and recovery follows. Again, we are called when danger is not apprehended, but we see at once, almost intuitively, that recovery is impossible. Is it not an intuition? And is it not by the same intellectual process that we reach similar results in other departments of medicine?

The house in which these cases occurred is in one of the most elevated parts of the city, and is well ventilated and drained. I have since heard of two other families in the neighborhood, in which scarlatina had appeared, in one about the same time as I was attending the cases reported. Three children were then ill. The other house was further than this from my cases, and five children were attacked. I have not learned what has been the result in any of these instances. Is scarlatina contagious? Or is it the product of epidemic constitution, whatever that may be? The popular belief is that it is contagious. Some physicians have the same opinion. A young man came from another town to visit the



family in which the cases in this paper appeared. Scarlatina of a very severe character was in the family he left. He came between eight and ten days before the first of the above cases occurred. Did he bring the disease into this family? Scarlatina was epidemic at the time here. It was over the whole city, and country, and had been so for a long time. It existed in families quite near to that in which the above cases occurred. Was not the invasion, after the arrival of the young man, a mere coincidence, rather than an effect? But the time between his arrival, and the invasion, was the usual period of incubation of the disease in cases of strangers coming unprotected into an epidemic atmospheric constitution. Yes. But why is not a whole people attacked at the same time? In this very family the attacks were not simultaneous; and yet they occurred too near each other to suppose they had been poisoned by the first case. The cause reached to the whole family. Its effects were various, and doubtless depended upon circumstances about which we may speculate, but probably without reaching any satisfactory conclusion.

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A few days ago I was present, with other physicians, at an operation done for the relief, if not the cure, of apparently a very dangerous surgical disease. A question of prognosis occurred, and in my answer I said I thought Miss — would recover. There was present our friend Dr. J. B. S. Jackson, whose strong and enlightened zeal in medicine we all know. Said he to my remark, "I remember, when house physician in the Massachusetts General Hospital, during your service, a very, very unpromising case of typhoid was under treatment. A student asked if the patient would not die. 'No,' said you, '*he is too sick to die.*' The man recovered." This allusion to the relation between Dr. J. and myself was made by him some time after the cases of scarlatina. The above remark on prognosis has been doubtless made by others, and in the severest, apparently the most hopeless cases. Whence comes the strong feeling of eventual recovery in some of these, will probably be explained with difficulty by physicians who have experienced it.

W. C.

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## THE INDIVIDUAL RIGHTS OF PHYSICIANS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The reply of your correspondent, W. E. C., does not seem to call for a rejoinder on my part, inasmuch as he waives the question at issue, and confines himself to trivial personalities. But to your readers I would say, that my object was not to defend Dr. Morton nor Dr. Davis; nor was it to open the ether controversy. It was to protest against the growing tendency now manifest, to sink the individual in the profession; a

tendency to regard the medical practitioner as a fractional part of some great medical organization, some thousandth part of the M.M.S., or some ten thousandth of the A.M.A., instead of an integer, a personal agent with rights, obligations, and duties of his own. In my own view, the duty of such associations to respect the rights of members, and to maintain them, runs parallel with their claim on members for support. No man can justly be required, in joining such an association, to give up any of those rights which belong to him as a citizen. The products of his mental and bodily labor belong to the physician, as much as to any other man, and any organization that assumes to deprive him of them, and vest them in itself, commits an usurpation. And if it aim to coerce by the pressure of a powerful sympathetic feeling and manufactured opinion, it becomes tyrannical. If any one doubt the existence of the tendency alluded to, let him read the report of Dr. J. B. Flint, on "Government Patronage," before the American Medical Association at the annual meeting for 1856, where he will find that it has had full vent and free expression.

B. H.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 13th.—*Supra-Condylloid Process of the Humerus.* Dr. HODGES exhibited two specimens of the "Supra-Condylloid process" of the humerus, obtained from the dissecting room, and also the supra-condylloid foramen in a humerus of a cat. This process was first described by Dr. Knox, of Edinburgh, in 1847, for although Tiedemann in his *Tabulae Arteriarum* (1822), figures it in connection with an arterial anomaly, and speaks of it as "an unusual excrescence of the humerus," he does not appear to have appreciated its importance. This was first made known by the careful observations of John Struthers of Edinburgh, and published in an elaborate article, remarkable in many respects, entitled "on some points in the abnormal anatomy of the arm," contained in Nos. XXVI. and XXVII. of the *British and Foreign Medico-Chirurgical Review* (1854), from which the following account of this process was derived by Dr. H., and with which the specimens shown by him accurately coincided.

The supra-condylloid process is a more or less hook-shaped process, which is occasionally developed on the inner surface of the humerus, two inches above the internal condyle. A ligament is continued from it to near the condyle, completing an arch through which the median nerve and brachial artery pass, after deviating from their usual course; the whole forming an arrangement analogous to that which obtains in many animals, in the passage of the nerve and artery through an opening in the humerus, in the same situation, called the supra-condylloid foramen.

The situation of the process is remarkably constant, and it varies in length from a tenth to three quarters of an inch, projecting away from



the bone, forward, downward and inward; it is flattened from before backward, tapers to a blunt point, and if prolonged for an inch would form an arch of bone joining the ridge half an inch above the condyle.

In 9 out of 16 instances examined by Struthers, the undivided brachial artery deviated and passed round the process; in 4 there was a high division, one of the arteries keeping normally along the biceps, the other deviating, to pass round the process; in Tiedemann's case the deviating vessel was a high interosseous. In 3 cases there was no deviation of the artery, though the process was present. In every case where there was a process, whether short or long, and the median nerve was examined, it deviated to pass under the process lying internal to the artery, whilst in three of these instances the artery did not deviate with it. This points to the inference that the supra-condyloid foramen is provided not so much for the artery as is commonly supposed, but principally for the nerve. It may be compared in this respect to the supra-scapular notch which always transmits the nerve, while the artery passes over the ligament and only occasionally under it with the nerve. A high origin of the pronator radii teres muscle appears to be frequently if not generally present where the supra-condyloid process exists. The artery may also deviate in the manner above described, independent of the existence of a supra-condyloid process, as in four cases described and figured by Mr. Quain, and in each of which the median nerve followed the artery.

The process may be felt during life, and then becomes practically important as an index to the position of the artery. The artery leaves the biceps near the insertion of the coraco-brachialis, and passes down with the median nerve along the internal intermuscular septum to reach the concavity of the process, around which it turns, and as at this point it lies three-fourths of an inch from the inner edge of the biceps, the ordinary incision along the border of that muscle would scarcely enable the surgeon to place a ligature around it.

The supra-condyloid foramen is found among the Quadramana, Rodantia, Edentata, Marsupialia, and more frequently among the Carnivora. The foramen and the process occupy the same proportional situation. The arch by which the foramen is at length completed grows, as a process, from above downward. It is developed from the shaft and again unites with the shaft below, and is completed altogether independent of the epiphyses of the lower end of the bone; it thus resembles during its early stages the supra-condyloid process in the human arm. In the arm of an adult cat, Struthers found the arch represented by a ligament only, which both above and below formed a short spiculum of bone.

Although there is no doubt that this foramen affords protection to the parts which it transmits, it is not understood precisely in what manner it does so in the animals in which it exists, nor why they, more than some others, require such an arrangement for the protection of the artery and nerve.

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EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.

BY E. A. CRANE, M.D., SECRETARY.

APRIL 5th.—*Avulsion of Finger, followed by Gangrene.* Dr. COLLINS having exhibited to the Association several morbid growths, recently extirpated, called the attention of the members to a left index finger, with its accompanying flexor tendons, torn off from the hand on the

12th of January. The patient was 54 years of age, and of an unsound constitution. After some days, gangrene ensued, commencing upon the little finger, affecting the fingers and hand generally, and accompanied by suppuration, and the burrowing of matter among the tendons of the forearm, dissecting all the muscles, and denuding the bones of their periosteum. Free incisions were made into the swollen and infiltrated tissues, but were followed by only temporary relief. The patient became delirious, and began to exhibit decided symptoms of constitutional irritation, when, in consultation with Dr. Miller, amputation was resolved upon on the 31st. It is now sixty-four days since the operation, and the wound has nearly healed. The general health of the patient is much better than at the time of the accident. Some of the ligatures are still undetached.

Cases were mentioned by members in which the ligatures had remained ninety-four, one hundred and eighteen, one hundred and twenty-two days; to obviate which, moderate traction and twisting of the ligatures were recommended after the first fortnight.

*Vetiligo*.—Dr. BAKER gave the case of a negress who had, since her twelfth year, noticed the appearance of white spots upon her body. These had been gradually enlarging and coalescing. The affection is recognized as albinism or vitiligo.

Dr. PIERCE remarked, that although in the present case the disease appeared to be accidental in its origin, yet it was an interesting fact that, as a general rule, albinism occurred in the negro as a congenital defect.

JUNE 7th.—*Aneurism of the Aorta*. Dr. ELY gave the history of a man—a blacksmith, 40 years of age—who came to the Dexter Asylum about the middle of May. The most striking symptoms in the case were œdema and dyspnœa. The enlargement of the neck and face was immense, so much so, that the nose was buried in the surrounding tissues and the features of the face livid, congested, and completely obliterated. The arms also were somewhat enlarged—especially the right arm. The difficulty of breathing was so great that he was wholly unable to lie down. Pulse 96, small and weak. There was dulness over the right lung, with a murmur at the top of the sternum. The patient had continued to work at his trade, more or less, until a few days previous to his admission to the Asylum. He had been unwell, however, some five or six months, dating from a fall from a horse, when he had received injuries which were not regarded at the time as serious. Dr. E. considered the case as one probably of aneurism. The dyspnœa increasing, the patient died by apnœa, a few days after his admission.

At the autopsy, upon laying open the thorax, an enormous aneurism of the arch of the aorta was discovered, of that variety known as fusiform, or tubular, which, by pressing upon the descending cava, had produced the venous congestion and effusion which had been so strikingly apparent. The arch of the aorta is peculiarly liable to this form of aneurism. Dr. E. produced the heart, aorta, &c., which he had removed, and demonstrated to the Association their anatomical relations.

*Urinary Calculus, without Symptoms*.—Dr. E. also exhibited an urinary calculus, removed from a man 83 years of age, who had died of senile gangrene, having had no symptoms referrible to calculus—the discovery of the specimen being entirely accidental. A large cyst



had been developed upon the right wall of the bladder, within which the stone was found, and which, filled with urine, was at first mistaken for the bladder, but was afterward found to communicate with it by a small opening. The bladder—with its cyst—was here exhibited to the Association. The calculus was supposed to be composed of triple phosphate, but had not been analyzed. Its size, its beautiful oval form, and the crystalline brilliancy of its surface, caused it to be greatly admired.

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### Bibliographical Notices.

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*On Medicine and Medical Education; Three Lectures, with Notes and an Appendix.* By W. T. GAIRDNER, M.D., Fellow of the Royal College of Physicians, and Lecturer on the Practice of Physic, Edinburgh. Edinburgh: Sutherland & Knox. London: Simpkin, Marshall & Co. 1858. Pp. 130.

THE author of this little volume is well known as a skilful physician, an accomplished scholar, an elegant writer, and a fearless enunciator of truth. The profession here, as well as in his own country, is deeply indebted to him for the excellent things he has said in its behalf, and in the cause of medical science generally. Everything from his pen which it has been our good fortune to see and peruse, has yielded us unmixed satisfaction. The present little work forms no exception to the latter remark.

An "Introductory Address delivered at the opening of the Medical Session, 1856," in Edinburgh, begins the volume. Next, there is an admirable paper, "read before the Scottish Educational Institute," in April, 1856; then comes "an Introductory Lecture to a course of Practice of Physic," the subject of which is the Study of Medicine as an Art. Following this, we find full "Notes on the Preceding Lecture"—comprising sketches of that "Triad of System-Builders," Paracelsus, Brown, and Hahnemann. These notes are exceedingly interesting, and constitute no small portion of the intrinsic value of the volume. We would that they might be widely and attentively read, and their facts well pondered by the members of every community, as well as by the profession.

An Appendix, consisting of remarks relating to "Sessional Examinations in Medical Study," concludes the work—which may be pronounced an instance of "*multum in parvo*."

Dr. Gairdner, in the above-mentioned Appendix, very rightly insists upon the value, to the student, of the so-called Sessional Examinations. By the latter term he means "an investigation at the close of each winter and summer session, as to the manner in which the work of that particular session has been done." Whilst the management the author proposes is peculiarly suited to the meridian of his own city and country, there is much in it which might well be taken advantage of by us on this side of the water. One salient point in Dr. Gairdner's Appendix, is his condemnation of the long stereotyped surfeit of mere *Lectures*, at the expense, to the student, of that practical knowledge which he might very appropriately and easily acquire. The balance is nowhere, it strikes us, well and truly struck in this respect. To crowd the brains of students with mere words—a task of the memory

only—does not make efficient learners of them, nor lay the foundation for their excellence as practitioners. Dr. Gairdner says :—

“ Let us suppose a conscientious and pains-taking student, who is going laboriously through his curriculum, as many do, at the rate of four or five lectures a day, with two or three hours in the dissecting-room and hospital. From nine in the morning till four in the afternoon, or from ten till five, his attention is thus more or less constantly kept on the stretch ; and as he has reading to do at night also, he very soon finds that (unless he falls asleep at lecture) human nature cannot bear so protracted a trial. Now he cannot omit one of his systematic lectures without the risk of missing a roll-call ; nor can he fail to be present at the clinical lecture twice a week without the chance of a similar penalty. He must also, to satisfy the regulations, have done something toward saving appearances in the dissection of the human body ; that is, he must have taken a part, and have at least removed the skin, and exposed the muscles. But as regards attendance at the hospital visit, and as regards real effective work in the dissecting-room, the regulations leave him as free as the air. What can follow from this, but that he will give his personal presence where it is absolutely required, and will use the direct observation of structure and disease as a sort of *ad libitum* addition to his studies, a matter placed at his own discretion to fill up his spare time and exhaust his superfluous energies ? ”

A little larger proportion of *true clinical instruction* is what is demanded ; and we are happy to know that this is more and more coming into play amongst us, through the persevering and enlightened efforts of our public and private teachers.

In the address entitled “ On the Medical Art in connection with Education,” the author enunciates many wholesome truths relative to the wrong views persistently entertained by the public upon the Art of Medicine and the duties of its practitioners. The strong determination of people in general to have “ something done ” for every ailment, is a powerful clog to the progress of rational medicine. It is a strong temptation to the physician to use the potent enginery at his command ; lest by acting only in his true capacity, as Nature’s sentinel, he lose the confidence of his misjudging patients and consequently materially diminish his own income. To use again Dr. Gairdner’s language :

“ All this might be avoided if people could only be made aware that the real value of medical services is generally in the inverse ratio of their pretension and self-assertion. For the cure of diseases belongs in general, not to the physician, nor to any earthly power, but to the supreme Artificer, who rules all the action of the bodily machine for life or death, for health or sickness. The physician stands by, the earnest watcher of Nature’s process ; he removes whatever of external hindrance is in the way, and endeavors by simple, mostly palliative remedies, by regulated diet, by attention to sleep and waking, and to the due performance of all the physiological functions, to rescue the patient from those dangers to which he would inevitably expose himself when unassisted, and when suffering under the vitiated tastes and feelings that accompany disease. He relieves, moreover, the troubled mind of undue anxiety, and, on the other hand, is careful to direct the fool-hardy and thoughtless sufferer by the path which nature points out to him ; he guards the man wrapped up in the daily toils and unhealthy drudgery of life against the injury to which his anxiety for his family, or his avarice for himself, are exposing him ; he steels the over-excited nerves of the hypochondriac or hysteric by wholesome medicine for the soul as well as the body ; he preaches a solemn warning to the unhappy voluptuary, by holding up before his view the precipice which he is approaching ; he foresees the end, whether for good or evil, and prepares for it by counsels of hope, tempered with caution, or of resignation without despair. And even when in the discharge of his duty he has foretold the inevitable fate, when he knows that the irreparably dan-



aged organs are incapable of supporting much longer the fluttering pulses, and feeding the smouldering fire of life, the skilful and humane practitioner will take care to cherish and turn to the best account the small and frail remainder of those mysterious powers which are soon and surely to be returned to their Giver."

It is, in our days, an imperative necessity that the community be rightly instructed as to the province of the physician, and made to understand that in the conscientious performance of his duties, lies the only security for the welfare of his patients.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 7, 1853.

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### THE PERILS OF CRINOLINE.

WE are persuaded that the community, and particularly its fairer portion, is not so unmindful of our disinterested efforts to benefit its physical, mental and moral condition as to be oblivious of our cautions and disquisitions upon the hygiene of dress—and which, of late, we have discontinued, not wishing to harass mankind with more than they constantly have to endure, nor to burden woman-kind with anything additional to what they already carry. But we have lately had a query addressed to us—and by an anxious patient, too—whose fears have been awakened by a paragraph which flashed upon her from the columns of a newspaper. Tremendous responsibility, that of editors—too little thought of, we fear, by the dailies, and not over much reflected upon by the weeklies, monthlies and quarterlies! Not only ought an editor to be held, in some degree at least, accountable for the advertisements which appear in his journal, but more care and discrimination should be exercised in deciding upon the admission of the various articles, anecdotes, comments and criticisms which fill the other portions of his sheet. But to our communication. The scrap was sent to us without any statement from what paper it was taken—but with a request to consider and report upon its assertions. Having considered, we will report—so far as in us lies. First, let us transfer the paragraph to our pages—here it is:

"The Princess of Gotland's physician has just made a revelation which will perhaps cause ladies to reflect on the present hoop skirt fashion, which is so prevalent. The doctor, reputed very skilful in all Germany, pretends that it is the use of crinoline which, in these latter times, has rendered accouchement so dangerous and difficult. He adds that this execrable fashion causes great chillness, the result of which is always fatal. It appears that in Switzerland, crinoline has made, if the physician in question is to be credited, as sad ravages as the cholera."

In our previous articles dedicated to hoops, we distinctly warned those who wore them, never to go to excess, but in these, as in all their surroundings, to be moderate and modest. Especially, also, did we insist upon the danger of "taking cold," which a too inflated style of skirts must always subject ladies to, especially in the autumn, winter and early spring—and at any season, when the ground is damp

and the wind strong, with a tendency to elevation, in itself and whatever it encounters. We cannot say that our advice has met with that attention which should be accorded to practitioners in medicine of many years' standing, and whose word ought to be—regarded. The volume of the feminine skirt, it strikes us, is, if anything, on the increase; and the catastrophe to which we some time since feelingly (as we thought) alluded, is of even more frequent occurrence than it was at that time. We refer to the fact that the ladies of the present day do, at almost every step, cause their lords and masters to occupy the gutter! To think that the very beings who should be the first and most persevering in their efforts to keep men out of that disreputable locality, are now the most pertinacious in putting them into it! As to circumventing a woman in the present "full rig," it is impossible—neither can we circumnavigate even one such craft. Without circumlocution, then, it appears that male bipeds, old, middle-aged and young, must take to the street when they are on urgent business, and certainly that must be the next thing to "taking to the road" for a living. At all events, it is disagreeable—especially when the street is muddy, either in consequence of rain or from the over-abundant sprinkling of water-carts.

With reference to the grave question arising from consideration of the paragraph above quoted, whilst we are ready to accord all respect to the Princess of Gotland's physician, and, in all earnestness, to deprecate the *ballooney* of the present day (we don't mean the *little* red balloons, of which our streets are full), we do not exactly see that a lady in a delicate situation is certain to have a difficult confinement because she is *outrée* as to skirts; unless she is so devoted to the promenade that she is to be found there within a very short time of her *accouchement*, when, indeed, if very highly inflated, and if the weather be cold or damp, dangerous consequences might ensue. Seriously, too much cannot be said to induce ladies to protect themselves sufficiently, in so changeable a climate as our own. Whilst in mid-summer (in average seasons we mean—not this year) the intense heat allows expansive skirts and gossamer textures, the circumference of the former should diminish in the exact ratio in which it is found necessary to increase the thickness of the latter. In winter, at least, in this part of the world, we would banish the hoop and such other appliances as expose the person too freely to cold and dampness.

Any exposure encountered by a woman who is *enceinte*, and especially if near her time, is alike foolish and wicked. A "chillness," whether before or after that interesting epoch, is greatly to be dreaded. And not only to ladies so responsibly situated, but to the whole sex, we deem it proper to suggest the wisdom of diminishing their circumferences, on the score of prudence, economy, propriety, becoming appearance, justice to the opposite sex (for whom sidewalks were also intended), as well as in consideration of the hopes of posterity and the anxieties of physicians.

If anything more is needed to enforce our warnings and induce the daughters of Eve to follow our advice, let the following extract, which we take from a late number of the *Boston Transcript*, suffice:

"A LADY FINED FOR WEARING CRINOLINE.—The *Independence Belge* states that a young lady, living in Hanover, has been sentenced by a court of that town to pay a fine of two francs, 'for having worn a



dress which, occupying the whole breadth of the pavement, is an obstruction to the public way.”

We incline to the belief, however, that the majority of the sex would pay a much weightier fine, rather than diminish their excessive surroundings. And now, let no one hereafter presume to accuse us of not setting forth, in clear and decided terms, THE PERILS OF CRINOLINE.

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#### CHLOROFORM IN ENGLAND.

MESSRS. EDITORS,—In the issues of the *Lancet* for Sept. 11th and 18th, allusions are made to four recent cases of death from the use of chloroform; one occurring at Dorking, another at Epsom, a third at Ewell, and the fourth reported in the *Northampton Herald*.

The editor of the *Lancet* says that “chloroform administered on a napkin is a dangerous and uncontrollable agent; administered through Snow’s apparatus it is robbed of *half* its danger.” What the *whole* is, appears in another part of the same journal, where it is stated that “only *three* fatal cases are known to have occurred with this apparatus.” A “Neighboring Surgeon” says that the Dorking sufferer was a “fine young woman,” who, with the consent of her physician, inhaled chloroform to have a tooth extracted. “The tooth was extracted, and the patient sunk back dead.” The surgeon goes on to say, “we must do the operator the credit of saying that he displayed great presence of mind in despatching messengers for medical assistance when the unfortunate event had happened.” (Sic.) II.

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*Operation of Rhinoplasty in the Island of Madagascar.*—A French physician, Dr. Milhet-Fontarabie, during a journey in the country of the Hovas, in the Island of Madagascar, has performed the operation of rhinoplasty on the prime minister of the Queen. The patient had suffered destruction of the nose, the soft palate, and part of the hard palate, besides being affected with other consequences of tertiary syphilis. After being placed under a course of iodide of potassium, by which his general health was greatly benefited, a new nose was made, in the usual way, and with complete success, greatly to the admiration of the Queen of the Hovas, Ranavalona, and of the principal part of her court, all of whom witnessed the operation.

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*Four Children at one Birth.*—At Rorebaix, in France, the wife of M. Henri Castelain lately gave birth to a boy and three girls at one time. They were all living, and perfectly formed, but died in a few days.

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*Alkaline Treatment in Glucosuria.*—We notice, in the *Union Médicale*, reports of five cases of diabetes cured, or much benefited, by the use of the mineral waters of Pougues, in France (which contain the carbonates of soda, lime and magnesia), under the care of Dr. DeCrozant. He considers the affection to result most frequently from disease of the liver, which opposes the passage of the glucose derived from the starch in the food, causing it to be taken up by the supplementary abdominal circulation, which conveys it to the kidneys.

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*Deaths from Sunstroke.*—According to the Registrar-General’s return, four persons died in London (Eng.) from sunstroke between the 15th of June and 3d of July of the present year.

*Creasote in Paronychia.*—Dr. E. Sanborn, of Andover, in a note to us, recommends with great confidence the application of a single drop of creasote to that form of paronychia consisting of ulceration about the root of the nail, accompanied with purulent secretion, and sometimes ending in destruction of the matrix. He states that the disease often occurs in the hoofs of sheep, much to the disadvantage of wool growers.

*A Remedy for Gout.*—Dr. Belli states, in the *Gazzetta Medica di Toscana*, that he has for many years succeeded in curing gout in the following manner. He gives, for two or three days every fortnight, or at the first symptoms of a fit, a purgative composed of from ten drachms to an ounce of Epsom salts, twenty-four grains of nitrate of potash, and about one grain and a half of sulphate of iron, the whole dissolved in a pint and a half of water. With weak subjects, the purgative is given only every other day. The fourth part of the whole solution is given every successive half hour, with a few cups of light broth, or an infusion of *althaea officinalis*, tea, or camomile. An excellent adjuvant to this method is the juice of the wild chicory, of which three ounces should be taken every morning, fasting, during the greater part of the year, or the whole twelve months. A decoction of the root of the same plant may be substituted, and either should be sweetened with an ounce of wild strawberry syrup. (It is a pity Dr. Belli says nothing of diet.)—*London Lancet*.

*Corns cured by the Tincture of Iodine.*—Drs. Varges and Wager state, in the *Zeitung für M. u. Chir.*, that painting inveterate corns with tincture of iodine three or four times a day with a camel's-hair brush will remove them in a very short time. When the corns are situated between the toes, the tincture should be mixed with glycerine, and the resulting fluid be spread on some German tinder, which latter is then placed between the toes.—*Idem*.

*Statistics of Lithotomy.*—Dr. Swalin, of Stockholm, has lately published a pamphlet giving the results of 61 cases of calculus, observed by him between 1840 and 1855. Of these, 8 were not operated on; 4 were submitted to lithotomy, and 49 to lithotrity. The ages of the latter were, 1 between 10 and 20; 4 between 40 and 50; 14 between 50 and 60; 26 between 60 and 70, and 4 between 70 and 80. Seven deaths occurred, giving a mortality of exactly 1 in 7.—*Medical Times and Gazette*.

*Life in the Punjab.*—From 1851 to 1854 inclusive, no less than 743 children were killed, and 137 injured, by wolves, leopards and bears. During the same period, 918 wolves, 90 leopards, and 14 bears have been destroyed. The Judicial Commissioner expresses his conviction that the above returns do not represent the actual extent of the evil.—*Lahore Chronicle*.

*Health of the City.*—The total number of deaths for the past week was 81, being one more than for the preceding week, and much below that for the corresponding week of last year. Of these, 4 were the result of violent causes. The deaths from cholera infantum were 14, the same as at the last report. There were 6 deaths from dysentery, and 6 from "dropsy in the head." Of the total number, 39 were subjects under 5 years of age. The number of deaths for the corresponding week of 1857 was 106, of which 16 were from consumption, 11 from pneumonia, 13 from cholera infantum, 6 from dysentery.

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*Communications Received.*—Caustic Potash as an application to the interior of the Uterus.

*Books and Pamphlets Received.*—Diseases of the Urinary Organs; a Compendium of their Diagnosis, Pathology and Treatment. By William Wallace Morland, M.D., &c. (From the Publishers.)—Etudes sur la Monorchidie et la Cryptorchidie chez l'homme. Par M. Ernest Godard. (From the Author.)—Brief Expositions of Rational Medicine, to which is prefixed the Paradise of Doctors, a Fable. By Jacob Bigelow, M.D., &c. (From the author.)—Visiting List for 1859. (From the publishers.)

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MARRIED,—At Holyoke, 27th ult., Dr. W. H. Andrews, of Adams, to Miss Jennie M. Goodnow.

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*Deaths in Boston* for the week ending Saturday noon, October 24, 81. Males, 33—Females, 48.—Accident, 2—apoplexy, 1—inflammation of the brain, 1—cancer, 2—consumption, 19—convulsions, 3—cholera infantum, 14—dysentery, 6—dropsy in the head, 6—infantile diseases, 2—puerperal, 2—erysipelas, 1—typhoid fever, 1—homicide, 1—disease of the heart, 3—inflammation of the lungs, 2—congestion of the lungs, 1—disease of the liver, 1—marasmus, 4—palsy, 2—poison (accidental), 1—teething, 3—thrush, 1—unknown, 2.

Under 5 years, 38—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 15—above 60 years, 4. Born in the United States, 59—Ireland, 19—other places, 3.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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THURSDAY, OCTOBER 14, 1858.

No. 11.

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## SPONTANEOUS PTYALISM.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

C., between 30 and 40 years of age; not married; catamenia regular. July, 1857, had feeling of coldness in left thorax, referred to the heart; strength remained, and she did her work, being a house-maid. This heart trouble continued for several months. In January, 1858, had very severe heartburn, at which time the coldness in the chest entirely ceased. Accompanying this heartburn were nausea and vomiting, following every meal, for six weeks, when spitting of a dense, opaque, white frothy mucus, or saliva, began—night and day, most at night—resembling froth on milk at milking. This came up in the throat, when it was ejected without cough. After it had stood, the froth disappeared, and the substance exactly resembled thick, clear arrow-root gruel. In the morning, the white matter was streaked with blood, occurring in the first raising in the morning, and going off soon after. Has been attended by Dr. —, who treated her case as dyspepsia. She came under my care about two months ago, her spit being still bloody in the morning. Having tried bismuth and other means, among which was the chlorate of potassa, in full doses, for a few days, the last with some benefit, she got the nitrate of silver with opium in pills, after which, for a few days, the bloody raising ceased. The white frothy matter continued to be spit as freely as ever. She then got the following pills (this was the 28th of May), and this evening, June 4th, gives me the above report of her case, adding that she has lost much flesh. *R.* Opii, gr. vi.; cupri sulphat., gr. i. *M.* Ft. pil. No. vi. One at bed time, and a half one in the morning.

Reported next day, a good night, with very little spitting; has been daily improving to the present date, June 4th. At times, no raising for four hours or more. Before this, was constantly spitting, so as often to interrupt speaking. She has had some measure of the quantity raised, using a vessel to receive it, and says it was daily from one to two quarts. Says that for the last week the spit has had a taste similar to that produced by holding a cent in her mouth. Says, in addition to above symptoms, that she has had

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sense of weakness at the stomach, accompanied by a soreness which extended quite to her throat. Has for the past week felt very little of these troubles. Her appetite, which had much failed, has improved in the last week. She feels altogether like a different person from what she was a few weeks ago. Directed her to take half a pill, night and morning, for three days, and then half a pill only at bed time—her nights having from the first been most disturbed by spitting.

June 20th.—Spitting has entirely ceased. The appetite is good. Food produces no trouble. Patient reports herself as in perfect health, and is gaining flesh.

Cases, resembling the above, have before come under my care. Spontaneous pyalism is an occasional sign, and may be a disease of pregnancy. It becomes the last in its excess, and in the difficulty of checking or removing it. It disturbs sleep. It diminishes or destroys the appetite. In C.'s case, above, it was not easy to get down enough food for sustenance. There was at times nausea, and sometimes vomiting. These accompany it in pregnancy. When the cupri sulphas was used, the stomach was quiet; and neither nausea nor vomiting was produced by doses which not infrequently produce both. Did its combination with opium prevent these? May it not be used, in the same preparation, in other functional disturbances of the stomach, whether from reflex function, or from organic lesion?

Other cases have come under my care, without the existence of pregnancy, and so resemble closely that of C. These have long resisted treatment, and have at length worn themselves out.

## CAUSTIC POTASH AS AN APPLICATION TO THE INTERIOR OF THE UTERUS.

BY HORATIO R. STORER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ONE case of this operation, performed in February, 1857, is already on record.\* A second is now reported.

The patient, Mrs. B., was sent me by Dr. McIntire, of Goshen, N. H., in January, 1858. The usual symptoms of intra-uterine polypus were present, of long standing and increasing; the disease had been properly diagnosticated, and the necessity of operating decided upon.

On dilatation by tents, I found that the mass was fibrous, sessile, wholly above and within the inner sphincter, and attached laterally, or could not be surrounded by ligature, nor grasped by forceps or the chain of an *écraseur*. I therefore decided on the application of caustic potash.

\* Boston Medical and Surgical Journal, Nov., 1857, Vol. LVII., p. 289.



Being about to be absent for some months from this part of the country, I returned the patient to the care of my friend, of whose skill, good judgment and courage, ample evidence had been given me in previous cases, with directions to lessen, if possible, the bulk of the tumor, by milder caustics, and then apply the more powerful agent. On returning, I received from Dr. McIntire, by letter dated June 24th, the intelligence that he had followed my instructions, and that his patient was cured. A portion only of the tumor could be removed by the milder agents, but the more obstinate remainder had yielded to the potash, and was entirely obliterated. The disease has shown no tendency to return, and the cervical canal is left free.

An experience of only two cases cannot be considered as positively conclusive of the safety of this operation. At the time it was first proposed, in April, 1856, I stated, and still remain of the opinion, that the use of the potash should be confined to the diseased surface, wholly or as much as possible, for this is enjoined by common sense; and that it should be resorted to only where safer measures are useless or impossible. These conditions have obtained in both Dr. Jones's and Dr. McIntire's cases; and in the one the operation has been followed by a partially, and in the other, thus far, by a wholly successful result.

*7 Chester Park, Oct. 1st, 1858.*

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#### FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 138.]

*Results.*—Eight times I have found the arm shortened, from half an inch to one inch, or a little more.

Muscular ankylosis is almost always present when the apparatus is first removed, and it is seldom completely dissipated until after several months; but I have found more or less ankylosis at seven and nine months, and twice after the lapse of three years the motions of the joint have been very limited. A few years since, I examined the arm of a gentleman who was then 27 years old, and who informed me that when he was 4 years old he broke the humerus just above the condyles. There still remained a sensible deformity at the point of fracture—he could not completely supine the arm. The whole arm was weak, and the ulnar nerve remarkably sensitive. The ulnar side of the forearm, with the ring and little finger, are numb, and have been in this condition ever since the accident. I know the surgeon very well who had charge of this case, and I have no doubt that the treatment was carefully and skilfully applied.

In June, of 1850, I operated upon a lad, 9 years old, by sawing

off the projecting end of the upper fragment, whose arm had been broken nine months before. This fragment was lying in front of the lower, and the skin covering its sharp point was very thin and tender. There was no ankylosis at the elbow-joint, but the hand was flexed forcibly upon the wrist, the first phalanx of all the fingers extended, and the second and third flexed. Supination and pronation of the forearm were lost. The forearm and hand were almost completely paralyzed, but very painful at times. The median nerve could be felt lying across the end of the bone.

In the hope that some favorable change might result to the hand by relieving the pressure upon the nerve, yet with not much expectation of success, I exposed the bone and removed the projecting fragment. The nerve had to be lifted and laid aside. About one year from this time I found the arm in the same condition as before the operation.

Non-union is a result not so frequent in fractures at this point as higher up; but Stephen Smith, of the Bellevue Hospital, New York, reports a case of non-union in a young man of 23 years. He was admitted to the hospital on the seventh day after the accident. The fracture was simple and transverse, yet at the end of four months he was dismissed "with perfectly free motion at the point of fracture."\* The failure to unite was attributed to a syphilitic taint.

A case was recently tried in the Supreme Court at Brooklyn, N. Y., in which, after a simple fracture at this point, the arm being dressed with splints and bandages, the little finger sloughed off, in a condition of dry gangrene, and the adjacent parts of the hand were attacked with humid mortification. Drs. Parker and Prince believed that this serious accident was the result of bandages applied too tightly and suffered to remain too long, while Drs. Valentine Mott, Rogers, Wood, Ayres, Dixon and others, believed that the gangrene might have been due to other causes over which the surgeon had no control.†

A few years ago a similar case occurred in the town of Spencer, Tioga Co., N. Y.; a boy, 6 years old, having broken his humerus just above the condyles. The fracture was oblique. The surgeon who was called to treat the case was an old and highly respectable practitioner. I am not informed of the plan of treatment any farther than that a roller was applied. On the eighth day, a second surgeon was employed, who, finding the hand cold and insensible, removed all of the dressings; after which the thumb and forefinger sloughed, with other portions of the skin and flesh of the hand and arm. The surgeon who was first in attendance was prosecuted, and the case was tried in the Supreme Court of that County, but the jury found no cause of action. Dr. Hawley, of Ithica, and the late Dr. Webster, of Geneva Medical College, tes-

\* S. Smith. New York Journal of Medicine, May, 1857, p. 386, Third Series, Vol. ii.

† New York Medical Gazette, Vol. xii., pp. 46, 80, 111.



tified that, in their opinion, the death of the fingers was owing to the pressure of the fragment upon the brachial artery, and not to the tightness of the bandages.

Dr. Gross has also informed of still another case of the same character, which occurred in Warren Co., Ky. A boy, 10 years old, had broken his arm above the condyles, and his parents having employed a surgeon residing at some distance, the dressings were applied, and directions given to send for the surgeon whenever it became necessary. The parents saw the arm swell excessively, and knew that the boy was suffering very much, but did not notify the surgeon until the tenth day, when the hand was found to be in a condition of mortification, and at length amputation became necessary.

Long afterward, in the year 1851, when the boy became of age, he prosecuted his surgeon, but with no result to either party beyond the payment of their respective costs.

While I would not deny that in all of these cases the sloughing might have been solely due to the tightness of the bandages, against which cruel and mischievous practice we cannot too loudly disclaim, a knowledge of the anatomy of these parts, and the opinions of the very distinguished gentlemen who testified in defence of these surgeons, must compel us to admit the possibility of such accidents where the treatment has been skilful and faultless.

*Treatment.*—The splints generally employed in this country, in fractures about the elbow-joint, are simple angular side splints, without joints, such as those recommended by Physick.\*

Angular pasteboard splints, felt, gutta percha, &c., or angular splints with a hinge, such as Kirkbride's,† Thomas Hewson's, Day's, or Rose's, or the more perfect and elegant angular splint of Welch.

Kirkbride's splint, which has been used in the Pennsylvania Hospital in several instances, is composed of two pieces of board, connected together by a circular joint, and having eyes on the inner edge, two inches apart, and holes through the splint at graduated distances between them. There is also a swivel eye, passing through the upper part of the splint, and reverted below. A wire is fastened to the swivel, and bent at right angles at its other extremity; of a size to fit the eyes and holes in the splint. This splint, properly supported by pads, is to be placed either upon the outside or inside of the arm, and secured by rollers. When the angle is to be changed, the wire is unhooked and removed to another eye, or to some of the intermediate holes upon the side of the splint. Dr. Kirkbride reports two cases of fracture of the lower part of the humerus treated by this plan, one of which resulted in ankylosis, but the other was much more successful.

For myself, I generally prefer gutta percha, moulded and ap-

\* Elements of Surgery, by John Syng Dorsey, Philadelphia Edition, Vol. i., p. 145.

† American Journal of Medical Sciences, Vol. xvi., p. 315.

plied accurately to the limb, in the same manner as I have already directed in fractures of the surgical neck and shaft of the humerus, except that it shall be extended beyond the elbow to the wrist, so as to support the whole length of the arm, elbow and forearm. Some experience in the use of wooden angular splints has convinced me that they cannot be very well fitted to the many inequalities of the limb; and neither pasteboard nor binder's board have sufficient firmness, especially in that portion which covers the joint. Angular splints, furnished with a movable joint, possess the advantage of enabling us to change the angle of the limb at pleasure, and of keeping up some degree of motion in the articulation without disturbing the fracture or removing the dressings; but their cross bars render them complicated, and are always in the way of a nice application of the rollers, while they are equally liable to the objection stated against angular wooden splints without joints, viz., that they seldom can be made to fit accurately the many irregularities of the arm, elbow and forearm. Welch's splints, made of a material possessing a slight amount of flexibility, and concave toward the limb, approach more nearly the accomplishment of these indications than any other manufactured splint with which I am acquainted, but the number of cases in practice to which they are applicable will be found to be limited, while gutta percha has no limit in its application.

Whatever material is employed, a pretty large pledget of fine cotton batting ought to be laid in front of the elbow-joint, to prevent the rollers from excoriating the delicate and inflamed skin, and great care should be taken to protect the bony eminences about the joint, or, rather, to relieve them from pressure, by increasing the thickness of the pads above and below the prominences.

At a very early day, so early, indeed, as the seventh or eighth day, the splint should be removed, and while the fragments are steadied, gentle, passive motion should be inflicted upon the joint. This practice should be repeated as often as every second or third day, in order to prevent, as far as possible, ankylosis. If much swelling follows the injury, it is my custom to open the dressings, without removing the splints, on the second or third day after the accident, or at any time when the symptoms admonish us of its necessity. Occasionally, it is well to change the angle of the splint before reapplying it. If the angular splint, with a movable joint, is used, slight changes may be made while the splint is on the arm, but if the angle is much changed without removing the rollers, they become unequally tightened over the arm and may do mischief.

When ankylosis has actually taken place, we may more or less overcome the contraction of the muscles and of the ligaments by passive motion, or by directing the patient to swing a dumb bell, or some heavy weight in his hands, as first recommended by Hildanus.



§ 7. *Fracture at the base of the Condyles, complicated with Fracture between the Condyles, extending into the Joint.*

This fracture, which is but a variety or complication of the preceding fracture, is even more difficult of diagnosis; and its signs, results and proper treatment differ sufficiently to demand a separate consideration.

I have recognized the accident four times. Confined to no period of life, it seems to be the result of a severe blow inflicted directly upon the lower and back part of the humerus, or upon the olecranon process. Dr. Parker, of New York, was inclined to regard an obscure accident about the elbow-joint, which he saw in a lad 16 years old, as a longitudinal fracture of the humerus, with separation of one condyle, but which had been occasioned by a fall upon the hand.\* For myself, I should regard this latter circumstance as presumptive evidence that it was not a fracture of this character, yet I do not mean to deny the possibility of its occurrence in this way.

Its characteristic symptoms are, increased breadth of the lower end of the humerus, occasioned by a separation of the condyles; displacement upward and backward of the radius and ulna; crepitus and mobility at the base of the condyles, with crepitus also between the condyles, developed by pressing the condyles together; or, when the radius and ulna are drawn up, by restoring these bones first to place by extension, and then pressing upon the opposite condyles; shortening of the humerus.

Its consequences are, generally, great inflammation about the joint, permanent deformity and bony ankylosis. An opposite result must be regarded as fortunate, and as an exception to the rule.

Of its treatment, we can only say that it must be chiefly directed to the prevention and reduction of inflammation, at least during the first few days. Nor is this inconsistent with an early reduction of the fragments, and moderate efforts, by splints and bandages, such as we have directed in case of a simple fracture at the base of the condyles, to keep the fragments in place. No surgeon would be justified in refusing altogether to make suitable attempts to accomplish these important indications; but he must always regard them as secondary when compared with the importance of controlling the inflammation.

When splints are employed, the same rules will be applicable, both as to their form and mode of application, as in cases of simple fracture above the condyles.

The following examples will more completely illustrate the character, history and proper treatment of these cases, than any remarks or rules which we can at present make.

A woman, living in this city, æt. 44, fell upon the sidewalk in

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\* Parker. New York Journal of Medicine, Nov., 1856, p. 391, Third Series, Vol. i.

January, 1850, striking upon her right elbow. I saw her a few minutes after the accident, but the parts about the joint were already considerably swollen, and it was not without difficulty that the diagnosis was made out. The forearm was slightly flexed upon the arm, and prone. On seizing the elbow firmly, a distinct motion was perceived above the condyles, and a crepitus. I could also feel, indistinctly, the point of the upper fragment. While moderate extension was made upon the arm, the condyles were pressed together, when it was apparent that they had been separated. On removing the extension, they again separated, and the olecranon drew up. She was in a condition of extreme exhaustion, and the bones were easily placed in position.

An angular splint was secured to the limb, and every care used to support the fragments completely, but gently.

From this date until the consummation of the treatment, the dressings were removed often, and the elbow moved as much as it was possible to move it.

Seven months after the accident, the elbow was almost completely ankylosed at a right angle. The fingers and wrist also were quite rigid. Six years later, the ankylosis had nearly disappeared; she could now flex and extend the arm almost as much as the other: the wrist-joint was free, and the fingers could be flexed, but not sufficiently to touch the palm of the hand. The line of fracture through the base could be traced easily, but the humerus was not shortened. There was, moreover, much tenderness over the point of fracture through the base, and at other points. Occasionally, a slight grating was noticed in the radio-humeral articulation. She experienced frequent pains in the arm, and especially along the back and radial border of the ring finger. During the first year or two after the accident, the arm perished very much, but although the hand remained weak, the muscles were now well developed.

[To be continued.]

#### PHARMACY IN EDINBURGH, THE NORTH OF ENGLAND, &c.

THOUGH a stranger in a strange land, I have found among the fraternity of the pestle and mortar a sort of Freemasonry, which has given me great advantages in my inquiries into the pharmacy of Great Britain, and has established me in some friendships which, I am sure, will long survive my return to America. The existence of petty prejudices and national jealousies between England and America, two great families of a common stock, is, I am sure, greatly on the decline; and the influence of extended trade, of consanguinity, increased by constant emigration, and of social and friendly intercourse by means of travel, is gradually wearing off that feeling of indifference, if not disfavor, with which they may have been wont, in times past, to regard each other's interests.



The pharmaceutical profession never could have shared largely in this feeling. American pharmacy was the direct offspring of that of Great Britain. It is, indeed, only of recent time that the pharmacy of the French has exercised so considerable an influence upon us; and the other nations of Continental Europe, though some of these have been represented in America by isolated shops in the large cities, have never materially modified our general practice. Our pharmacopœia was framed upon the basis of that of London, with modifications drawn from those of Edinburgh and Dublin, besides such new features as were rendered necessary to adapt it to our peculiar wants; and the United States Dispensatory, which is our standard work of reference, both with physicians and pharmacutists, gives almost equal prominence to the British Pharmacopœias with our own. It is with great respect, then, that I address myself to the task of drawing an outline of British pharmacy, beginning with the *Scotch*, as I have not yet seen much of London and the South; and if any comparisons should suggest themselves, I shall feel in duty bound to treat the trans-Atlantic brethren, with whom I have had the pleasure of mingling, as a dutiful son should treat the parent from whom he has drawn his being and many of his peculiarities.

A casual observer will be struck, at first glance, with an apparent difference in the business here and in America, in the omission of so great a display of fancy and extraneous stock, from the Edinburgh shops especially; it seems as if they were more strictly confined to *dispensing* medicines than ours. The windows are almost invariably occupied with large bottles, either emblematic of, or actually containing, standard medicines, such as rhubarb, cinchona, &c.; these, arranged behind fine plate glass, which is here almost universal, are sometimes very handsome, and certainly more appropriate insignia of the business than urinals, bed-pans, blacking, whisk brooms, &c., so often seen in ours. The large bottles of colored water, so universally employed from time immemorial, are, of course, very seldom omitted in a country so riveted to time-honored customs.

The soda-water business, as conducted in America, is here almost unknown—entirely so in the pharmaceutical stores, except that some, especially the country druggists, sell the article in bottles. It appears to me the improvement and general introduction of this beverage on draught in respectable stores would be a great means of lessening the enormous consumption of whiskey in this country, though, on the whole, it can hardly be regretted, in the professional view of the case, that pharmacutists are spared the annoyance of a business which, though not entirely extraneous, has comparatively little real connection with dispensing medicines, while in a climate so little subject to intense heat, and where ice is comparatively scarce, it might be much less profitable than with us.

The observation here made in regard to the display of fancy stock in drug stores, must not be understood to imply a different practice in regard to most of the articles of our trade, outside the *materia medica*, from what we are accustomed to; perfumery and toilet articles in great variety, essences for cooking, gelatine in various forms, the starches, and very often tea and coffee and "sweets," enter into the stock of the pharmacutists.

There is, I should say, a smaller assortment of quack medicines kept on hand by the pharmacutists than with us, and much less display of the advertisements of these. Several that are most conspicuous here just now date from America, where they have completely run out. The necessity of putting a government stamp upon every packet of medicine recommended for any particular disease, quite limits the success of preparations of this class.

The American pharmacist is much struck with the absence of upright brass scales, whether on the counter for retail sales or that devoted to compounding prescriptions; the British pharmacist generally keeps a pair of scales with steel beam, copper pans, and brass chains, hanging up, sometimes perhaps out of sight, and in weighing holds the scales in one hand while he adjusts the weights and the article to be weighed with the other. That he can be content with what appears to us so inconvenient a method of performing the most common manipulation of the shop, is a constant source of wonder to those accustomed to the use of scales with the upright stand.

The fitting of the shops, I should say, is in general rather superior to ours in finish, though less cheerful and striking. Mahogany drawers have never been superseded by white glossed ones; the counter tops are more often of handsomely-polished mahogany than of marble or oil-cloth—the panel work in front is generally of mahogany, or grained in imitation of some natural wood. The location of shops on the corners of the streets, which in some parts of our country is almost universal, and in Philadelphia used to be thought essential to success, is here rather unusual than otherwise; the well-known mortar and pestle projecting over the door being the sign to indicate to the passer-by the place where physic is to be had.

In regard to the profit of the business, I fear it is little better, as a general rule, in the "old country" than at home; the prices in Edinburgh are ruinously low, worse than in any place I know of in America. That an intelligent pharmacist should devote the necessary time and care, to say nothing of the material and use of apparatus, to compounding a prescription, however small, for *two pence* (four cents), shows a state of things most unfavorable to the progress of our profession, and yet such is the case in the best stores in Edinburgh. I have never seen dispensing more uniformly neat and creditable than in these very stores. I know of none where compounding a prescription should command a more liberal fee.



The pharmacutists in the country towns in the North of England, I have generally found intelligent and well-educated men, who would compare very favorably with the same class in America; they deserve a better and more remunerative business than I fear generally falls to their lot; the heavy copper coins that fall into their tills in exchange for the well-selected articles of *materia medica* that they so carefully wrap and label, form but a slim aggregate at the end of their day of toil and confinement in the shop. One fashion, hercaway, I most heartily approve—that is, the observance of moderate and very reasonable hours: they “shut up” before nine o’clock in the evening, an hour which seems very early here, where the twilights are so long as to extend the days for hours after sunset. On the whole, the pharmacutists here are as prosperous, as well as I can judge, as those similarly situated in “the States”; they are perhaps somewhat too numerous for the population, and suffer from the competition of a class happily almost unknown in our larger towns, the so-called general practitioners, or surgeons who keep their own medicines, and thus come directly in collision with the interests of the regular pharmacist.

The class of *apothecaries*, as they exist in some parts of England, and which, I believe, are a grade below the general practitioners in education and social position, are almost unknown in the North; and it is to be hoped that the practice of medicine will be more and more divorced from the practice of pharmacy, to the mutual advantage of both professions.—*Correspondence of the American Druggists’ Circular.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUGUST 9th.—*Short Umbilical Cord.* Dr. MINOT showed the specimen. Delivery occurred at the eighth month, and the foetus was malformed. The funis measured *eight inches* in length. There was no deficiency in the parietes of the abdomen.

Dr. AYER mentioned a recent case of his, where the umbilical cord was less than a foot—probably nine or ten inches—in length. The presentation was natural, and when the foetal head pressed on the perinaeum, as the pain ceased, retraction or resilience was perceptible. This occurred repeatedly. It was evident to him that the progress of labor was retarded thereby. He had noticed similar phenomena in other cases, where the cord was preternaturally short, or was wound around the neck or body of the child. In a few cases, so marked was the resilience of the head at the subsidence of the pains, that he had diagnosticated, to himself, the difficulty. A short cord doubtless retards labor, and occasionally causes other embarrassments. Some modern obstetrical authorities ignore the subject—others disbelieve

it. Denman, whose authority in all practical details cannot be questioned, says:—"It [the cord] may be naturally very short, or it may be rendered so accidentally, by its circumvolution around the neck, body, or limbs of the child. Whichsoever of these is the case, the inconvenience produced at the time of labor is the same, that is, the labor may be retarded; or perhaps the placenta may be loosened prematurely; or the child may, in a tedious labor, be injured, or in danger of being destroyed by the tightness of the ligature drawn about its neck; or by the mere stretching of it, as this must necessarily lessen the diameter of the vessels, if not perfectly close their cavity. But the two latter consequences very seldom follow."

Dr. Minot alluded to a case that occurred two years ago, in which it was necessary to divide the cord, which was around the neck of the child, to allow delivery to take place. It measured about ten inches in length.

AUGUST 23d.—*Osteo-Cancer of the Femur.* Dr. TOWNSEND reported this and the two following cases.

The patient, C. S., was a male, aged 15. Three months since he felt pain and noticed a swelling in the left popliteal region, which continued until the space was completely filled. The leg was amputated; after the operation the periosteum retracted, leaving the bone denuded for an inch above the section.

AUGUST 23d.—*Myeloid Disease of the Ankle-Joint.* The patient, E. M., was a female, aged 34. Six months ago, she observed a tumor on the left external malleolus, which appeared to be an enlarged bursa. This tumor was two inches in diameter, and arose from the inside of the joint. After its removal, the astragalus was exposed. The disease was that termed, by Paget, myeloid disease.

AUGUST 23d.—*Encephaloid Disease of the Head of the Radius.* The patient, M. C., was a seamstress, aged 31. Five months ago, she observed a swelling on the back of the right wrist. At the time of the amputation, this was conical in shape, ulcerated on its surface, and about an inch in height. Her grandmother had cancer; her parents are healthy. Upon opening the tumor after amputation, it was found to be encephaloid in its nature, the head of the radius being destroyed.

SEPT. 27th.—*Inflammation of the Sublingual Gland.* Dr. COALE reported the case.

C. B. F., *et.* 45, was troubled for a week with sore throat, tenderness of the parotids, and signs of a generally inflamed condition of the contiguous parts, especially the glands. This at last concentrated itself into a violent inflammation of the sublingual gland. Inside, the swelling was level with the teeth. Outside, the face was elongated an inch by a peculiarly hard resisting tumefaction. Scirrhus is the only thing which would give an idea of the hardness of this. There was a moderate degree of pain; great "drooling" of saliva from the gland. Not much pain, but great discomfort from the bed of the tongue being so filled by tumefaction as to oust that organ, and require the mouth to be kept open. At night, this increased, the saliva going down the throat, and wakening the patient by getting into the larynx. The treatment consisted in blisters and gentle mercurial alteratives. On the third day, flocculi of pus were discharged with the saliva, though there was no pointing or collection of pus. The cure was complete in nine days from first seeing the patient.



## Bibliographical Notices.

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*Medical Communications of the Massachusetts Medical Society.* Vol. IX., No. IV. 1858. Second Series, Vol. V., Part IV. Boston: Printed by David Clapp. 1858. 8vo. Pp. 297.

THE number of the "Communications" for this year contains the Address by Dr. Horatio Adams, of Waltham; a Report on the Zymoses of 1857, as they occurred in the Middlesex East District Society, by Dr. Ephraim Cutter, of Woburn; a Description of the Anterior Splint of Dr. Nathan R. Smith, by Dr. Cutter; the Proceedings of the Councillors and of the Society, the Treasurer's Report, Lists of Deceased Members, of New Members, and of officers. The volume is of unusual interest.

THE subject of Dr. Adams's Address is investigations upon the efficacy of Vaccination. It is based upon original researches and experiments, and is one of the most valuable papers on this subject, so far as we know, ever published. The object of the writer is to ascertain how far vaccination is to be looked upon as a means of protection against smallpox, whether this protection is less effectual than formerly, whether the virus has deteriorated with time, and how far a failure of its protective influence is to be ascribed to an improper or imperfect manner of performing the operation of vaccination. Several years since, Dr. Adams vaccinated all the persons at that time in the employment of the Boston Manufacturing Company, at Waltham, numbering between five and six hundred. The appearances of each case were carefully noted down at the time of making the examinations, and were arranged in tabular form, from which the conclusions were drawn which are contained in the address. We can only state these conclusions in the briefest manner, generally employing the language of the writer.

It appears that of all the persons who underwent a second vaccination, less than nine per cent. seemed to show, as to the time of development, any great approach to the true disease, and the least susceptibility seems actually to have existed among those whose vaccination was the most remote. The same general fact has been observed by others. Dr. Otto, a German physician, found by experiments on one hundred and eighty-nine persons who underwent vaccination a second time, that about eleven per cent., only, gave evidence of any great susceptibility to the disease, and that the smallest number of these was actually those in whom the first vaccination was least recent. So that the facts adduced do not sustain the theory of the gradual elimination, by time, of the protective influence of vaccination. On the contrary, it appears that the susceptibility to the disease, under a second vaccination, is not greater at the end of twenty-five years, than it is at the end of one year.

A theory has been advanced, that the alleged more frequent failure of vaccination to protect the system against smallpox infection is owing to the virus now in use having become deteriorated by its frequent transmission through human bodies. No sufficient proof has ever been brought forward to establish the truth of this theory, and the vesicle, when proper care has been taken in the selection of the lymph, and in the choice of the subject to be vaccinated, has the same general and specific appearance that it had thirty years ago. Moreover,

the constitutional affection is believed to be as great now as it was then. In order to test this important question, Dr. Adams undertook to obtain virus by inoculating the cow with variolous matter. On the 11th of January, 1840, he inserted lymph taken from a smallpox vesicle into several punctures made with a lancet in the labium pudendi of two different cows. Two of these inoculations were successful, in one of the animals, the vesicles having every appearance of the vaccine disease. On the 11th, a child was vaccinated with matter taken from this cow, and on the 27th the vesicle exhibited the characteristic marks of the true cowpox, on the sixth day of the disease. Many persons were subsequently vaccinated with matter taken from this cow, and in every instance the true vaccine disease was the result. This is believed to be the first successful experiment of the kind in this country.

The chief source of the failure of the protective energy of vaccination is believed by Dr. Adams to be the imperfect manner in which the operation is performed. The lymph should be selected from a perfectly-formed vesicle, in a healthy subject, at the proper period, and the recipient should also be free from disease, or even from any nervous and irritable condition of the system, such as is occasioned by teething, for instance. When the operation has been properly performed, as in the military service, it appears that there is no more susceptibility to the infection of smallpox than in subjects who have actually had the latter disease. Dr. Adams believes that a greater immunity from the disease is secured in proportion to the number of vaccine vesicles formed, and hence recommends that a larger number of punctures should be made than is customary.

A curious fact stated by Dr. Adams is, that the susceptibility to smallpox appears to be increased during certain periods of an individual's life; due, not so much to any deterioration or elimination of the protective power of the vaccine disease, as to some physiological changes which take place in the system during maturation, for after this process has been completed, the susceptibility disappears, and the original "protectedness," as it is sometimes called, of the individual becomes established. Dr. Marson, of the London Smallpox and Vaccination Hospital, says that the largest number of patients admitted into that institution are between the ages of fifteen and twenty-five. Dr. Adams believes this may be accounted for by supposing that during this stage of physical activity, the early vaccination was insufficient to keep pace with such rapid development, but that at maturity it again assumed its control, and the original equilibrium was established. A re-vaccination at the age of ten or twelve would, he thinks, in all probability cover the increased susceptibility due to this period of active development. The author's observations have led him to the conclusion that it is of the utmost importance that the first vaccination should be performed with great care; that if the susceptibility to receive smallpox is once extinguished in the system, it remains so, and re-vaccination is superfluous. In order that we may be sure that this susceptibility is extinguished, vaccination should be repeated so long as it produces any specific effect; especially should it always be repeated when the first operation has been performed at an early age, during dentition, or when disease of any kind, or a diseased diathesis, existed.

The space which we have devoted to the analysis of Dr. Adams's



paper compels us to be brief in our notice of the other communications. The Report on the Zymoses of Middlesex County for 1857, embracing the towns of Melrose, Reading, Stoneham, West Cambridge, Wilmington, Winchester, Woburn and Burlington, is an elaborate and valuable paper, well worthy of imitation. Two tables are appended to it, the first containing a summary of the returns, with the percentages of mild, severe and fatal cases for each disease; and the second showing, by means of lines of different characters, the variations in the prevalence of cholera infantum, dysentery, influenza, typhoid fever and scarlatina.

The *anterior splint* of Dr. Nathan R. Smith, which forms the subject of the third communication, is recommended for its simplicity, cheapness and effectiveness. It is made of iron wire, and is applied by means of bandages to the anterior surface of the limb only. The limb is suspended; the extension is effected by the obliquity of the suspensory cord, while the weight of the body produces the counter-extension.

Appended to this number is a blank report for zymotic diseases, which the Secretary was directed to furnish to all the Fellows, in order that returns for those diseases, as they occur in each member's practice during the year 1858, may be supplied to make a report on zymotic diseases for 1858. We earnestly hope that the Fellows will assist in this very desirable object, by recording the cases which they may observe, under the proper headings contained in the blanks. By a reference to one's day-book, or visiting list, the number of cases can easily be ascertained, and recorded without trouble. If the returns should be tolerably full, we shall have a good statistical account of this class of maladies in our State, during the present year, which will be of practical value to every physician.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 14, 1858.

### TREATMENT OF CHOREA.

WE have been much interested in reading a report by M. T. Gallard on a thesis presented to the *Société Médicale d'Emulation*, of Paris, by the author, M. Moynier. The work is pronounced by M. Gallard as the most complete in France on the subject of *chorea*, and, to judge from his analysis, a translation would be an acceptable addition to our literature on that subject. Our object in referring to the work now, is to offer a few remarks on the treatment of that very obstinate affection, and especially on the treatment by strychnia, so highly praised by M. Trousseau. The author is in favor of this method, which he supports by reference to the duration of treatment required to effect a cure in a given number of cases. The advantage in favor of strychnia does not, however, appear to be very great, in female patients, over sulphur baths and gymnastic exercises, the medium duration being from 33 to 35 days. In respect to boys, according to the estimate of M. Moynier, the treatment by strychnia gave an average of 74 days, that by baths and exercise being 87 days. But, according to M.

Gallard, the latter series includes several cases whose extreme length of duration is wholly exceptional, and which ought to be eliminated from the calculation. In comparing together a series of cases, especially if the number be not very large, one or two differing from the rest in a great degree may render the average quite incorrect; but in this instance 16 out of 27 cases were prolonged far beyond the normal term, which averages 69 days in cases not subjected to treatment. By selecting two series of cases, the one cured in less than 30 days, and the other cured in less than 45 days, both of which may be supposed to have been favorably influenced by treatment, M. Gallard finds that sulphur baths and gymnastics are more efficacious than strychnia. We believe that he speaks the truth when he says, "these calculations seem to demonstrate one thing, that it is very doubtful whether any treatment has much effect in chorea," and hence the most innocuous should be chosen.

In a discussion which followed the reading of the report, the employment of tartrate of antimony was highly praised by M. Gillette, who had obtained 37 cures in 58 patients by means of it. We are not informed what was the duration of his cases. He employs it in the following manner: the first day he gives two grains, in divided doses, one dose every hour; if the vomiting is excessive, the intervals are lengthened, or the medicine is suspended. The second day the amount is increased to five grains, the third day to six grains. The vomiting and purging then generally cease. The medicine is then omitted for three or four days. There is a decided improvement in the condition of the patient. The remedy is then resumed for three days, in the dose of 5, 10, 15 grains a day. After another interval of repose of three days, the dose is increased to 6, 12 and 40 (!) grains. After this, there are no more irregular movements, and the cure is "consolidated" by the ordinary means, especially gymnastics and sulphur baths. A case was cited by another member, in which the patient, a feeble child of 14 years, with the most violent form of the disease, took from 6 to 12 grains of tartar emetic daily. The movements diminished from the first, and the cure was "almost complete" on the fifth day. Such heroic practice would find but few advocates among us, but we believe that equally beneficial results might be obtained from a more moderate dose.

Within a few days we have been shown a preparation of iron and strychnia, which would seem to be well adapted for the treatment of this disease. It is a citrate of iron and strychnia, and was made by Dr. James R. Nichols, chemist, of this city. It is a very beautiful salt, in transparent scales of a garnet color, but darker than citrate of iron. The dose is about three grains, which contains one sixteenth of a grain of strychnia. We have had no opportunity of trying this salt, and are glad that Dr. Nichols has placed it within reach of the profession. The remedy has been extolled in London as beneficial in cases of atonic dyspepsia, and in amenorrhœa and chlorosis.

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#### NEW BOOKS AND NEW EDITIONS.

THE medical press is now teeming with new and valuable works, and improved editions of old ones. The numerous students who are about to commence their winter labors will find the supply of textbooks unusually large, and for sale at such prices as will place them within reach even of those in the most moderate circumstances. From



Philadelphia and New York come shoals of books to supply the great demand which exists for them, and even Boston has put forth a few works, which, though they do not compare in size with those issued from the larger cities, are not behind them in the originality and value of their contents. Among the immense number contained in the catalogue of Messrs. Blanchard and Lea, we note, as worthy of special attention, Bucknill and Take on Insanity, Dunglison's Medical Lexicon (fifteenth edition), Graham's Chemistry, Montgomery on Pregnancy, Watson's Practice of Medicine, Wilson's Anatomy, and West on the Diseases of Females (second part). Wiley & Halstead, of New York, have just issued Dr. Green's Select Prescriptions of American Practitioners. From Messrs. S. S. & W. Wood we have a translation of Braun on Uræmic Convulsions; and from Lindsay & Blakiston, Morris on Scarlet Fever. This comprises but a small part of the works recently published, but the list will serve as a sample of the rest.

We observe with pleasure that there is a marked improvement in the style of printing medical works in this country, whether owing to the prevalence of a better taste among purchasers, or to increased facilities for mechanical execution, we cannot say; but certain it is, that while the appearance of the books is vastly better than it used to be, the prices have rather diminished than increased. At the same time every facility for obtaining them exists, since in most instances the publishers are willing to send them by mail, post paid, on receiving the price. A good medical library now really costs but little in this country, and if the profession fail to profit by the liberal offers of the publishers, it is their own fault. In one respect we also notice a great improvement; we mean the engravings, which have now become a necessary part of all works on some of the departments of medical science. They are much better executed, and much better printed than was the case, even a few years ago. We may cite the recent edition of Wilson's Anatomy, the engravings of which, including a large number which now appear for the first time, are really beautifully done. The same may be said of that invaluable work which no practitioner can afford to be without—Watson's Practice.

No better evidence could be offered of the progress of medical science in our country, than the number and value of medical works which are circulated to so great an extent among us. The greater part are sound and practical, the offspring of patient research, of talent and of genius, which must have a powerful and beneficial influence upon our art. While we recognize the great advance in science which has created the demand for them, we are not unmindful of those who have made them so easy of access to us.

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#### USELESS MEDICAL FORMULÆ.

An immense number of formulæ for the treatment of various diseases and symptoms of disease are copied, from journal to journal, and doubtless often tried, without much regard being paid to their character, or to the effects they are likely to produce. A year or two ago, some one recommended the tincture of benzoin as a perfect cure for fissures of the nipple, and it was wonderful to see with what energy the medical press caught up the cry; it would seem as if an epidemic of the disease had been spreading over the whole earth, and that the prospect of a cure was hailed with admiration, for the report came to us from every journal in the country, besides being repeated in many

foreign periodicals. Several months ago, we noticed in a foreign journal a remedy recommended by a Dr. Van Holsbeek for hæmorrhoids, consisting of sulphur, extract of nux vomica and sugar, made into lozenges with tragacanth. Dr. Van Holsbeek certainly cannot be said to be a physician "who suits his physic to his patients' taste." Happening to have an obstinate case of the disease under our care at that time, we caused some lozenges to be made according to the formula, but before administering them to the patient we had the curiosity to taste one ourselves, and found it to be so intensely bitter that we knew no one could possibly eat a whole one; and so it proved. The patient could not be persuaded to touch the remedy after the first nibble. Now a combination of nux vomica and sulphur may be very useful in piles, and might be taken if given in the form of a pill, but we defy any one to eat one of Dr. Van Holsbeek's lozenges, although the dose is two the first day, increasing daily until six are taken, when the cure (it is said) will generally be complete. Probably the remedy never was tried, but was only recommended as being likely to do good, and this we fancy is the case with a large proportion of the formulæ which are copied from one journal to another. The original prescription of the lozenges we speak of is to be found in the *Presse Belge*, 1857, No. 19. We publish our experience with this preparation, believing that the profession will be benefited by learning what formulæ, out of the great number which are urged upon their attention, are not worth the trial.

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*The Ether Controversy.*—The papers which have appeared in our last two numbers on the much mooted question of the claim for the honor of the discovery of the anæsthetic properties of sulphuric ether, recall to us an article which was published in this JOURNAL for Sept. 17, 1857, by an eminent physician of this city, in which the writer, after alluding to the disposition of Congress to reward the discoverer of this great blessing to humanity, and its embarrassment in deciding who the discoverer is, proposes, in the following words, that an appropriation should be shared between the two claimants, Drs. Jackson and Morton:

"Most respectfully would we suggest that Congress be addressed in a memorial, asking for such an appropriation from the National Treasury, to be awarded equally to the two claimants for the discovery of the anæsthetic properties of sulphuric ether, as would show the sense America has of the benefit it has received, and conferred by this discovery upon the world. Should either party object to such an award, let the whole appropriation be given to the other."

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*The Medical and Surgical Reporter.*—This journal, which was originally a quarterly, and afterward a monthly, and the publication of which was removed last May from Burlington, N. J., to Philadelphia, is henceforth to be issued weekly. The first number of the new series was published on the 1st instant, and is called the "student's number," being chiefly devoted to notices of the different schools and hospitals of Philadelphia. The *Reporter* now contains sixteen pages in double columns, and will appear every Friday, at three dollars per annum. It will remain, as heretofore, under the editorial charge of Drs. S. W. Butler and W. B. Atkinson.



## VALERIANATE OF AMMONIA.

A CORRESPONDENT at Port Huron, Mich., makes some inquiries concerning the valerianate of ammonia, which we will endeavor to answer to the best of our ability. This salt is prepared with difficulty, and is kept with difficulty, owing to the extreme facility with which it deliquesces. For this reason it can conveniently be dissolved, either in water or syrup, and in this form is much more easy of administration. Its deliquescent property is a great objection to employing it in the form of pill. The dose is from one to five, six, and even more grains. Those who dispense their own medicines should always procure the salt, which may be obtained of the wholesale druggists in any of our cities, and make the solution themselves. The anhydrous article should be kept in carefully-stopped bottles. The chief effects which have been noted from its administration are those of an antispasmodic, sedative and anodyne. It has been greatly praised for its efficacy in neuralgia, and in some cases it seems to be very efficacious in that disease. In dysmenorrhœa it is said to have a most favorable effect. We have given the medicine a pretty fair trial, both in hospital and private practice, and consider it a valuable anodyne, but uncertain, and inferior to opium. In cases with hysterical complication, it often gives great relief, and hence its efficacy in dysmenorrhœa. In a case of severe tic douloureux, complicating otitis, the patient, a lady 25 years of age, took it in doses of five, six, eight grains and upward, every three hours, with great relief, and we know several women who take it habitually at the menstrual period, to relieve their sufferings. In obstinate cases of sciatica, rheumatism and other painful affections, in which we have tried the valerianate of ammonia, we have found it inferior to opium, as an anodyne, and have abandoned it for the latter article. An objection to its use is its high cost.

We will endeavor to reply to our correspondent's other queries, in the next number.

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*Catalogue of Dr. Mott's Museum.*—We have received a pamphlet of 78 pages, comprising a catalogue of the valuable museum of Dr. Valentine Mott, and of his son, Dr. Alexander B. Mott. This collection contains over a thousand specimens, most of which were obtained by surgical operations, but many are illustrations of anatomy; and the prize dissections, for which the Mott medals are awarded, are annually added to the museum. The printed catalogue will be useful to those engaged in the subject of pathology, and will serve to render this monument of the science and skill of Dr. Mott more extensively known.

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*Health of Providence.*—The city of Providence, like our own, seems to be blessed with an unusual share of health the present season. During September there were but 85 deaths, being 18 less than during the preceding September. The number of deaths from summer complaints, however, was larger than in September, 1857. Dr. Snow, the City Registrar, says:—"The months of July, August and September, comprising the third quarter of the year, are usually much more sickly than other portions of the year, in this as well as in other cities. Usually, more than one third of all the deaths during the year occur in this quarter. The past quarter has been a remarkable exception to this rule, the number of deaths having been considerably less than during the first or second quarter."

*Anaphrodisiac Properties attributed to Belladonna.*—Dr. J. F. Huestis, of Mobile, Ala., in a letter to Dr. B. Dowler, of the *New Orleans Medical and Surgical Journal*, states that while giving belladonna to a gentleman afflicted with whooping cough, the patient noticed that, during the whole time he was taking it, "he was unable to accomplish even an erection." He suggests the applicability of this article in cases of chordee. He had himself used it with perfect success in a case of distressing nocturnal emissions.

*Treatment of Gonorrhœa.*—Dr. Heustis also recommends the following method of treating gonorrhœa, as one which has proved successful in his own practice. R. Creasot., gtt. x.; acid tannic., gr. x.; aquæ, oz. iv. M. Inject. four times a day, retaining each injection a minute or two—washing out the urethra with cold water before using it. In connection with this, the following balsam-mixture is used. "R. Copaiba, spts. æther. nitros, spts. lavend. comp., aq. calcis, each one ounce; tinct. opii, two drachms; sacch. alb., six drachms; ft. mist. S. Teaspoonful morning and noon, and two teaspoonfuls on going to bed, first shaking the mixture well each time."

*Dr. Guggenbuhl's Institution for Cretins.*—This institution, located on the Abendberg, 3000 feet above the level of the sea, in Switzerland, has been often alluded to in the pages of this JOURNAL. A letter from G. J. R. Gordon, Esq., late Her Majesty's Minister Plenipotentiary in Switzerland, to the editor of the *London Times*, gives a very unfavorable account of its present condition, and attributes its decline in no small measure to the neglect and long-continued absences of Dr. G. The government of the Canton of Berne have called upon him for an explanation and defence of his conduct, and insist that hereafter his patients be removed from the present unsuitable establishment on the Abendberg, during the winter months, to the milder climate of the Interlaken valley.

*Medical Miscellany.*—The buildings to be occupied by the new Shelby Medical College, in Nashville, Tenn., are completed, and will be used for the public lectures the ensuing month. Many of the preparations and specimens for the museum have also been received.—M. Von Humboldt, of Berlin, has lately attained his ninetieth year. The congratulations which poured in upon him, on his birthday, were numerous and ardent. His fifth volume of *Kosmos* is soon to appear, when it is said to be his opinion that his life will close.—M. Aime Bonpland, who accompanied Humboldt in his first expedition to the New World, has lately died at San Borja, in South America, at the age of 85 years.—A circular from New Orleans, signed by J. G. Seymour, President of the New Orleans Associated Press, dated 7th inst., admonishes strangers to keep away from that city till the yellow fever abates, as the "epidemic is now sustained by new comers." Still later accounts represent the mortality from the disease as not at all abated.

*Health of the City.*—The weekly returns still exhibit a remarkable contrast to the mortality of the last year at this season, only 65 deaths being reported (3 of which were accidental), instead of 96. The mortality from consumption and from dysentery is nearly the same as last year. There were but 2 deaths last week from cholera infantum, and 1 from pneumonia; in 1857, 10 from cholera infantum, and 6 from pneumonia.

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MARRIED,—In this city, 7th inst., Dr. H. D. Osgood, of Waterville, Me., to Miss Hattie A. White, of Boston.—6th inst., Dr. Martin Fuller, of Charlestown, to Miss Mary T. Bell, of Boston.

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*Communications Received.*—Treatment of Puerperal Mania by Veratrum Viride.

*Books and Pamphlets Received.*—Selections from Favorite Prescriptions of Living American Practitioners. By Horace Green, M.D., LL.D., &c.—Lectures on the Diseases of Women, Second Part. By Charles West, M.D., &c.—A System of Human Anatomy, General and Special. By Erasmus Wilson, F.R.S. New Improved American Edition, edited by William H. Gobrecht, M.D., &c.—Lectures on the Principles and Practice of Medicine. By Thomas Watson, M.D., &c. New American Edition, with Additions by D. Francis Condie, M.D., &c. (From the publishers.)

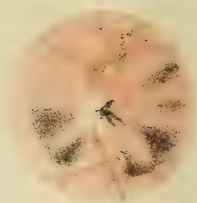
*Deaths in Boston* for the week ending Saturday noon, October 9th, 65. Males, 30—Females, 35.—Accident, 2—apoplexy, 1—asthma, 1—consumption, 17—convulsions, 5—cholera infantum, 2—dysentery, 6—dropsy, 1—dropsy in the head, 6—drowned, 1—debility, 1—infantile diseases, 3—puerperal, 1—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 1—disease of the liver, 2—marasmus, 2—old age, 2—palsy, 1—poisoned, 1—teething, 2—thrush, 1—whooping cough, 2.

Under 5 years, 29—between 5 and 20 years, 1—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 37—Ireland, 21—other places, 7.





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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## THE OPHTHALMOSCOPE AND ITS USES.—NO. V.\*

[With a Plate.]

BY JOHN H. DIX, M.D., BOSTON.

IN Plate 4, fig. 1 represents an opacity of the crystalline lens, as seen by the ophthalmoscope. Central opacities of the lens, though slight, are easily distinguishable by the eye under a magnifier; or if not discerned in this way, may be detected by the catoptric method. But the outer margin of the lens is shaded somewhat by the iris, even when the pupil is well dilated, and with an imperfectly dilated pupil may be very much obscured. In such cases the strong light reflected back from the fundus, and diffused throughout the globe from the mirror of the ophthalmoscope, is especially available. In my own observations, with one exception, every opacity which was discernible only by the ophthalmoscope has been situated near the outer margin, and resembled in less degree the figure here given.

I have in this way detected three incipient cataracts, which I could not otherwise discover, and in two of them the further progress of the disease has verified the diagnosis.

In examining the crystalline lens by the ophthalmoscope, it is sometimes convenient for the observer to place his eye not behind the central opening in the mirror, but just beyond the circumference of the mirror, in order to look more obliquely behind the iris. If the pupil is not very completely dilated, no ophthalmoscopic examination of the lens can be considered thorough, without this precaution.

I have given, in a former number, the details of one case of amaurosis, in which the whole lens had, as ordinarily examined, a hazy aspect, warranting a suspicion of cataract, but in which the ophthalmoscope showed that no cataract existed, and the successful result of the treatment of which as amaurotic, proved it to be so. To this I have now one more to add.

The practical benefit of examinations by the ophthalmoscope, in

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\* See Boston Medical and Surgical Journal, Vol. LV., p. 173.

cases determined by it to be amaurotic, is, however great, not more real than that experienced by a patient who, having simple cataract, is spared the treatment of amaurosis.

In two of three cases of marginal cataract, vision was decidedly better in a strong than in a subdued light, and in the other the patient spoke hesitatingly, but had a similar impression. Very little reliance, therefore, should be placed upon this symptom alone, as diagnostic of amaurotic disease.

In figure 2 of Plate 4, are presented, not very successfully, certain dark objects, darting with great rapidity across the field of the retina. In the following cases, I had rather an impression than a sight of them. Their movement was usually, but not always horizontal.

June 16th, 1855.—J. A., æt. 10, of Beverly, at Perkins Institution, four years ago had a fever, during the whole of which she had severe pain in her head, and also in her eyes. On the second day of the fever, which lasted a fortnight, she became very nearly as blind as she now is. Now she has usually only a perception of ordinary light, but thinks that at times she can see pieces of furniture about her for a few minutes—from five to fifteen minutes. Sometimes has pain in both, but most frequently in left eye. Sunlight is offensive to her, causing pain. Pupils of both eyes dilated—that of left most so. Iris dark hazel. Nystagmus of both eyes.

During the fever she had leeches, blisters, and "*all kinds of physic*," some of which made her mouth sore. Health good, and no hereditary predisposition to blindness.

*Examination with the Ophthalmoscope.*—Right eye.—No vessels discernible, and no white round patch indicating the entrance of the optic nerve. The coloring of the retina unequal in depth, but generally approaching a dirty yellow, rather than the normal coloring. Once or twice I perceived a diffused dark shade upon it, as if something nearly translucent were floating in the vitreous, and throwing a slight shadow.

Left eye.—One or two very minute and straight vessels or red lines, nearly horizontal, but no trace of the usual vessels and entrance of nerve. Coloring of retina rather deeper than natural, and nearly uniform.

Oct. 24th, 1855.—Mr. J. W., æt. 25, of Hilton, Me., had, five years ago, a "brain fever;" upon recovering from which, he found his vision very dull. For two months it slowly improved, and ever since has been as at present. For two years he suffered very severe pain in the head, chiefly supra-orbital, from which he has for the past two years been almost wholly free. Now he can just discern, on the title-page of the Boston Directory for 1854, the date. Vision of the two eyes equal. With convex lenses can read letters a third smaller. Has been under mercurial influence; used stimulating collyria and counter-irritation in various forms without any improvement of vision, but attributes his freedom



from pain in the head, for the past two years, to a series of derivative counter-irritant measures, continued for some eight months.

*Examination with the Ophthalmoscope.*—Right eye.—Appearances quite normal, except on the right side of field of retina a black or dark spot, which comes in view, but does not remain in sight long enough to be defined. The vessels are not strongly marked, and the frequent alternation of a red and white coloring over the whole field of the retina is very observable.

Left eye.—As the right eye, a dark spot being doubtfully seen darting across the field of the retina.

Dr. J. Skinner, of St. John, N. B., also examined both eyes.

June 16, 1855.—S. H., æt. 17, of Boston, at Perkins institution, when three years of age was struck on the right frontal bone with a falling hammer. A fortnight afterward she had a fever, which she does not remember, but believes it was a brain fever. She does not know how long she was sick, but thinks she was not found to be blind until convalescent. On recovering, was quite blind, but in a few months regained vision so as to see clearly by looking *sideways*. Went to school for a year. She then lost her vision again, as she thinks, immediately after and during an attack of whooping cough. Has now no perception of light whatever. Often has headache, and very rarely pain in the eyes. Iris gray; pupil large, but not excessively so. To the touch, the right eye not as firm as natural. Has been treated by electricity, and has had blisters.

*Examination with the Ophthalmoscope.*—Right eye.—One or two very small straight red lines discernible horizontally above the place of entrance of the optic nerve, which is very faintly if at all indicated. Far forward in the vitreous humor a small irregularly shaped dark speck darts across on the lower side; coloring normal.

Left eye.—In this eye the entrance of the optic nerve is distinctly given, but the circumference of the white circular patch is not well defined. The bloodvessels, both in the upper and lower hemispheres, distinguishable as regards the large branches, but extremely minute.

June 16th, 1855.—J. P., æt. 10, of Northampton, at the Perkins institution for the blind, when four years of age was knocked down by a blow on the forehead, and in falling struck the back of the head upon a stone. For some time following, he appeared to be not perfectly well, and five or six months after the accident was attacked with symptoms of cerebral inflammation of the most alarming character. Upon the commencement of his unexpected convalescence, he was found to be imbecile in mind, unable to walk, and blind. His mental powers have been recovered, and his muscular strength, so that he walks very well. His vision has slowly improved, so that, now, with his right eye he sees the position but not the shape of large letters. With the left eye he has

no perception of light. Pupils of both largely dilated, but slightly influenced by changes of light. Has frequent pain in frontal region, and occasional dull pain in the globes. Iris gray. Health good. An only sister died early, and had evidence of scrofulous affection.

*Examination with the Ophthalmoscope.*—Right eye.—A general red reflection from the fundus of the eye, of a deeper hue than in a normal state; in the midst of which I catch a paler spot indicating faintly the entrance of the optic nerve.

Left eye.—A similar reflection, but of deeper red, and uniform throughout. I can discern no vessels, and no place of entrance of optic nerve.

Both eyes were examined without any dilating agent, the pupils yielding but little to the stimulus of light from the mirror, and in the left eye there is occasionally seen a shadow, or a very small object floating across the pupils.

June 15th, 1855.—S. P. J., æt. 16, of Boston, at the institution for the blind, seven years ago became slowly blind for four weeks, without pain or any sensation in the eye or head. For about a year there was complete insensibility to light, so that he could look at the sun without winking. At the end of the year some sensibility to light returned, and now he has in a strong sunlight a perception of it.

Three months after the blindness had commenced, he was leech-ed, blistered and salivated. Subsequently, strychnine, veratria and electricity were used locally, and tonics given internally. Remembers no sensible influence from any treatment, except that the electricity seemed for the time to increase the perception of light. Iris gray. Pupils large. A cousin had a cataract on one eye. He has frequent many-colored spectres before each eye.

*Examination with the Ophthalmoscope.*—Appearances normal; in both eyes at first the vessels and the white round spot at the entrance of the optic nerves distinct. In this, as in many other cases, the pupils of which admit of great dilatation, a faint luminous ring indicates the outline of the crystalline lens. Several dark bodies flit across the field of vision after a minute or thereabouts, and run at irregular intervals, but with such rapidity of motion that it is impossible to describe them. These moving spots are more decided in the right than in the left eye.

June 15th, 1855.—M. D., æt. 18, of Newport, R. I., at Perkins institution, in her sixth year had a fall, striking the back of her head violently. Ever since has frequently had headaches, though of late not so often. About a year and a half after the fall, she had a brain fever. She was sick three months, and in the course of this time gradually lost her vision. Soon after her convalescence, she had some stimulating collyrium, from which she thinks she could for a moment see. Some stimulating applications were made over the brows, and at two different periods she was sali-



vated. Has not the slightest perception of light. Iris gray. Pupil of right larger than of left eye. Slight nystagmus of both eyes.

*Ophthalmoscopic Examination.*—Right eye.—The coloring of the surface is normal, but the vessels quite indistinct, and the place of entrance of the optic nerve a dull white, and larger than usual. In various parts of the field of the right eye are small dark irregular patches, some four or five in number, moving from side to side.

In the left eye, the vessels are distinct on the upper side, but here, on the left of the field, is a large and very remarkable irregular angular dark patch, having no motion like the spots in the right eye.

Oct. 20th, 1856.—T. S. W., æt. 34, in the winter of 1852–53 had severe headaches on the top and side, and often, perhaps weekly, a paralysis of the left side of the body, continuing about a minute. In the winter of 1854–55 he had for a fortnight a slight blurring of vision of both eyes.

In June last, vision began to fail in both eyes. At the same time the headaches, which had previously continued as at first, began to be less violent, and have become less to this time. Now there is very little pain in the frontal region, and the occasional paralysis has ceased, but there is occasionally a numbness, perhaps three times daily. Feet and legs often cold. Constipated. Now has barely a perception of light, the failure of vision for a fortnight having been very rapid. His father has strabismus.

*Examination with Ophthalmoscope.*—Right eye.—Whole field of retina of a deep red, except the entrance of optic nerve, which is less red than the retina, but not so white as in health. Blood-vessels distinguishable only in a few places, and there are several dark spots floating horizontally across.

Left eye—As right, except that the general redness is less intense, and the vessels more distinct, and no moving bodies visible.

Figure 3 represents an appearance which I have seen only in the following case, and which differs from the preceding perhaps more because the slow movement of the floating mass rendered it easily definable, than because of any essential difference in character.

Sept. 13th, 1855.—Miss H. M., æt. 24, of Haverhill, five years ago had suddenly a sensation as of a mote in the right eye. About a week afterward the vision of this eye began to fail, and in the upper part of the field of vision a bright spark appeared, and became permanent. The vision of the eye steadily diminished, until for two years past it has been, as at this time, sufficient to discern, but not to distinguish a face.

A few months after the commencement of the disease of the right eye, she began to see black *muscæ volitantes* before the left eye. These have gradually increased in size and number, and are now innumerable, especially as seen upon a white reflecting surface.

For two years past she has also seen before this eye a bright permanent sparkle, similar to that which she formerly saw, and now sees faintly in the upper part of the field of vision of the right eye.

To this permanent sparkle in the left eye, have been added luminous streaks in the same region for some eight months past.

She now reads with this eye the finest print, but the upper part of any large object at which she looks obliquely, is entirely invisible. Has frequently pain between and above the eyes. Iris gray. Not strong, but in good health, except that she is subject to colds. Pulse 88 to 102.

*Examination with the Ophthalmoscope.*—Right eye.—The retina quite pale. The bloodvessels barely, and the place of entrance of the optic nerve not at all discernible. A body of the size of a pin's head moves slowly over the retina, but is seen mostly on the right side. It is of a decided lead color, and pendant from it is a sort of fringe of the same color.

Dr. S. F. Haven, now of Worcester, examined this eye at the same time. The left eye not examined.

From the observations, then, illustrative of these two last figures, it appears that the presence of very small movable bodies, within the globe, indicates a greater degree of structural disorganization than very large stationary particles upon the retina, these last being not unfrequently consistent with a very useful amount of vision.—*Virginia Medical and Surgical Journal.*

#### A CASE OF INTRA-UTERINE POLYPUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—There were some circumstances attending this case, which I have not met with before, in polypus of the womb, or seen recorded, which are my reasons for handing it to you for the JOURNAL.

Yours, very truly, W. CHANNING.

May 28th, 1858.—Mrs. —, aged 29, was married six years ago. Menstruation always regular, but profuse, and excessively painful. Aborted a year and a half ago, flowing profusely, the abortion not being completed until the sixth day from its beginning, and was accompanied all these days with severe pain and exhaustion, so that her recovery was despaired of. It was rapid, however, and in a fortnight she was perfectly well, much to the surprise of every body. Was well for three years and a half afterward. Two years ago, for her uterine pains, took Morrison's pills freely, in the interval between two periods, and had, for the following one, less dysmenorrhœa and flowing than ever before. Before and during the succeeding period, she was much exposed to cold and wet, and had one of her worst periods. Has grown worse in regard to these, ever since. A year ago last February (1857), had, for the first time, a sudden discharge of clear water,



say a teacupful, from the vagina, during a catamenial period, but in a short interval of the flow. The symptoms preceding and accompanying this accident of the case were fulness, pressure, and bearing down, with pain in the back. Menorrhagia was increased, and accompanied by coagulæ, which were forced away with much pain. The quantity of the water was constantly increasing, and coming away suddenly after much effort, with relief.

In September, 1857, such was the pressure, &c., within the pelvis, that Mrs. — examined to learn on what these troubles depended. She found the womb low, its mouth open, and within it a firm substance. Dr. J. S. Jones, her medical attendant, was now called, made an examination, and confirmed Mrs. A.'s diagnosis.

The above history was learned from the patient herself. Dr. J. ascertained what was the state of the patient and the character of the tumor within the womb. The lower end of the mass was just within the os. It was firmly grasped by the cervix, yielding only to give room for the pressure of the gradually growing tumor. This made intra-uterine explorations for a time impossible. The condition of the womb and pelvis was ascertained during menstruation. The collecting water was then forcing down the womb, and crowding the pelvis. This distension of the pelvis was so great, that when Dr. Jones attempted to pass his finger into the rectum to aid his diagnosis, he found it impossible to carry it in but for a short distance. The obstructing body resembled most a distended sac—the bag of waters in labor, where the bag is firm, and uterine action strong. Dr. Jones at one time felt a distinct pulsation in the uterine tumor. A triangular, quite solid mass came from the womb once, which resembled a small ovum, and this idea was encouraged by a cavity within it lined with a smooth tissue. From the regular forcing pains, with hæmorrhage, and alternating large discharges of water—from the insensibility of the tumor, and other facts reported above, it seemed possible to her medical attendant that the mass within the womb might be a false conception, or a growth in some way connected with pregnancy. At length room was obtained to reach to the extent of the finger between the tumor and the womb. The impression was that the former was cylindrical in shape, and apparently increasing in size as its distance from the os increased. It was clearly ascertained to be insensible.

At this time I saw Mrs. — in consultation with her physician. One other case, only, had come under my observation of intra-uterine polypus. Mrs. — had been safely and easily delivered, and was in all respects doing well for a fortnight afterward. At the end of that time, she was suddenly seized with uterine hæmorrhage, which continuing very profuse, her physician, Dr. York, of South Boston, made an examination, which showed the os uteri to be patulous, easily admitting the finger; and not far from the orifice, a tumor was distinctly felt. As hæmorrhage was increased

by the examination, this was not continued after the nature of the tumor had been sufficiently ascertained. It was firm, smooth, and insensible. I was desired by Dr. Y. to see Mrs. B. with him in consultation. The tumor was found as described, and it was agreed that a ligature should be put around it. This was done, but as the tumor tapered towards its lower end, the ligature slipped, till it rested, as it seemed, near that end. It was drawn, and the strain being continued, it cut itself out, bringing away a section of the tumor of the diameter and thickness of a common coat button. Hæmorrhage ceased at once, and never returned. The tumor became smaller and smaller, and soon entirely disappeared, when general and perfect health was established. This case is in support of the views of Gooch and the best authorities, that if any, however small a portion of a polypus be cut off, the remainder will entirely disappear, just as the whole of the navel string will come away, wherever the ligature may be applied.

The tumor in Mrs. —'s case was found as described, and it was agreed that a ligature should be applied. This was more easily agreed upon than done. The mass was long, and, as believed, large. The womb was everywhere in contact with it, and closest at the greatest distance from the os. This made the application of the ligature very difficult. It was at length done, after more than one attempt.

Drawing the ligature gave pain at once, and this soon became so severe that it was desisted from. This pain resembled that which I have met with, but twice only, in the same operation on other polypus patients; and especially did it resemble that which attends the tightening of the ligature when applied by me to the inverted womb. I have had two of these cases under my care, each of which was successful, both of the patients being alive and in excellent health. This pain embarrassed the case for the whole of the five days which elapsed before the canula came away. Once we gained an inch on the ligature. At other times the gain was far less, and the very last time it was drawn we were obliged to stop on account of the severity of the pain.

A question arose as to the cause of the pain on first tightening the ligature, and especially of its continuance. There was no pedicle to the tumor, it being sessile, in close contact with the womb, its base or margin being very broad. If such were its uterine attachment, and the ligature was passed round its base, it could hardly happen but that the pressure would be communicated to the uterus, put some portion on the stretch, and thus produce and explain the pain. At one visit, toward evening, so much constitutional disturbance existed, and so much soreness and tenderness of the lower part of the abdomen was complained of, that two pills, each containing one grain of opium and four of calomel, were prescribed, one to be taken at once, and the other in four or five hours if not relieved. In the morning we found Mrs. — had passed a



good night, and was perfectly relieved. No trouble followed the use of the calomel.

The canula came away on the fifth day, as remarked. The next day attempts were made to remove the tumor. From its softness, I may say rottenness, and its distance from the os uteri—it having receded—the attempts failed. Mrs. — was desired to get out of bed, and, while sitting, endeavor by voluntary efforts to discharge the tumor. It descended, and seemed about to come away, but this method failed, notwithstanding the tumor was perfectly movable. The next day she made another, and successful effort.

The tumor was large, globular, and much broken down, soft, and black from decomposition. It resembled a softened, decomposed spleen. Sections of it showed cavities of various sizes, one being large enough to receive the finger. They were lined with a smooth tissue. A question arose, if these might not have been cysts, from which the watery discharges had proceeded.

Convalescence was rapid. The lips, cheeks and gums, which had been blanched by hæmorrhage, soon regained their color. Vomiting, which had been a symptom of the disease for months, and which greatly aggravated the abdominal distress, after the application of the ligature, ceased, much to the comfort of the patient.

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#### ON THE TREATMENT OF PUERPERAL MANIA BY VERATRUM VIRIDE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As the *veratrum viride* is fast becoming a staple article of the *materia medica*, and its uses are every day more developed, and as the detail of infrequent cases is of some interest, I herewith send you the statement of a case of puerperal mania, treated by the fluid extract of *veratrum viride*, leaving the profession to judge of its utility.

February 14th, 1858, I attended Mrs. D. in her first parturition. The child was small, no difficulty attended the labor, and I left her very comfortable. On the 15th, I found her doing well; she expressed herself as feeling as well as she ever did, and she continued so until the night of the 20th.

21st, 7 o'clock, A.M.—She had passed a restless night. Tongue coated thickly with a brown fur; pulse 145. Bowels had been acted on the night before. There was no tenderness, at this time, over the region of the bowels; the lochial discharge was natural, but there had not been much lacteal secretion. She now had all the symptoms of puerperal mania, was highly excited, talked incessantly, and made frequent efforts to rise out of bed. I prescribed five drops of Tilden's fluid extract of *veratrum viride*, in mucilage of acacia, every three hours, and directed bottles of hot water to be placed to the feet, and cool applications to the head.

22d, 4 o'clock, A.M.—Pulse 86. She had vomited, several times, a green bilious matter, and had several evacuations from the bowels. There was considerable prostration, but no mania. The friends, alarmed at the prostration, urged me to check the diarrhoea. Accordingly, I discontinued the veratrum, and prescribed valerianate of morphia, one fourth of a grain, with three grains of Dover's powder, every four hours. 4 o'clock, P.M., pulse 120. No more evacuations of the bowels, or vomiting. Mania again violent. Prescribed again the veratrum, in doses of five drops every three hours, and continued the anodyne powders.

23d.—Somewhat better; less mania; pulse 110; no evacuations. The tongue continues thickly coated. I prescribed hydrarg. c. creta, gr. ij., with one fourth of a grain of morphia, and discontinued the Dover's powder. 4 o'clock, P.M., pulse 92. Six very dark-colored evacuations from the bowels. Patient is very weak. No mania. I discontinued the veratrum, at the urgent request of the friends, although they were assured by me that the prostration was but the temporary effect of the medicine. Continue the powders, with fluid extract of valerian, alternately, each every four hours.

24th, A.M.—Pulse 130. Mania again violent. She makes use of the most profane and obscene language. At this visit I was requested to give the drops as often and as long as I thought proper, for her friends thought death was preferable to such a state as this. I ordered four drops of the veratrum, every three hours; and gr. iij. of pulvis antimonialis, with one fourth of a grain of morphia, every four hours.

25th, A.M.—Pulse 100; no more evacuations; profuse perspiration; foetid smell to the exhalations; no mania. She sleeps at short intervals. Continue the same treatment.

26th.—Better. Pulse 90; tongue cleaning. Continue the same treatment.

27th.—Pulse 86. Continues better; no mania; converses freely and rationally.

28th.—Pulse 80. Still improving. No evacuations; no fever. Continue the powders, and give three drops of veratrum, alternately every four hours.

March 1st.—Pulse 80. Continues to improve. Give two drops of the veratrum every 4 hours; discontinue the powders, and give a teaspoonful of a mixture of equal parts of fluid extract of valerian and tr. castor, every four hours. Castor oil to move the bowels, as there had been no evacuation since the 23d February.

2d.—Continues to improve. Bowels moved freely, and some appetite. To take a milk diet, which she likes, and a liberal allowance of wine. Reduce the veratrum to two drops every five hours, for a day longer. I discontinued my regular attendance.

Although the patient was much emaciated, and still required occasional treatment, her ultimate recovery was complete.



Dr. William Hunter says of puerperal mania, when attended with fever, that the patient will in all probability die. Dr. Gooch says, "there are two forms of puerperal mania, one attended with fever (or at least the most important part of it, a rapid pulse), the other accompanied by a very moderate disturbance of the circulation; the latter mostly recover, while the former generally die." Now it is to this class of cases, with rapid pulse, and which so generally die, that the *veratrum viride* appears to be remarkably adapted. Dr. Marshall Hall remarks, in relation to this disease, that "bloodletting is replete with danger," and it is very generally admitted, at the present time, that the pathological condition of the disease is not inflammation. In the course of the disease inflammation may arise, and complicate it, but it is not essential to it.

It may, then, be concluded, that the pathology of the disease consists in excessive intestinal irritation, inducing a corresponding irritation of the heart and arteries; that its causes may be found in hereditary predisposition, and certain deviations from the normal condition during gestation and the puerperal state, and that a rational, as well as successful treatment, consists in the administration of arterial sedatives, purgation, and the use of anodynes.

*Holyoke, Oct. 8th, 1858.*

A. BRYANT CLARKE, M.D.

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### **Bibliographical Notices.**

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*Transactions of the New Hampshire Medical Society; Sixty-eighth Anniversary, held at Concord, June 1st and 2d, 1858.* Manchester: 1858. 8vo. Pp. 68.

THIS pamphlet contains the proceedings of the Society at the Annual Meeting; the Address, by Dr. George B. Twitchell, President; the Report of the Committee on Practical Medicine; the Report on Surgery; an Essay on Debility, read by Abner Ham, M.D., and a few shorter papers. Dr. Twitchell's address is a sound and well-written discourse, on the ethics of medicine, and does honor to the profession, as well as to the body before which it was pronounced. The Report on Practical Medicine, by Dr. W. H. Thayer, formerly of Boston, is the most interesting and valuable part of the contents of the Transactions. It relates entirely to the subject of Typhoid Fever as it appeared in New Hampshire during the years 1856 and 1857. The attention of the profession in that State was invited to the subject, and the physicians were requested to forward to the reporter a synopsis of the cases they had observed during that period, with such observations as they might deem of interest. The replies furnished to this appeal were much less numerous than was hoped, and hence the report cannot be said to present, as might have been the case with general aid, a history of the epidemic for those years; but enough facts were obtained to furnish a paper of very considerable interest. The chief results obtained were, that the course of treatment to be pur-

sued is to be determined by the character of each epidemic, and that a supporting and stimulating practice is often required from the onset, and nearly always during the convalescence. The evils of over-medication, and the necessity of free ventilation, are clearly pointed out. The hygienic treatment of Dr. Nathan Smith, given to the profession many years ago, is earnestly recommended; and we wish that our influence were great enough to persuade every practitioner to peruse his admirable "Practical Essay on Typhus Fever," published in 1824. Nothing more philosophical has since been written on the management of this disease, and we cannot forbear quoting the remarks of this eminent physician on the propriety of non-interference in mild cases, as they are so consonant with the mode of practice now more generally advocated. "In cases of simple mild typhus," says Dr. Smith, "where there is no nausea at the stomach, no pain in that region, where the heat is moderate, and the pulse not greatly altered in frequency, I am clearly of opinion that we had better leave the disease to cure itself, as remedies, especially powerful ones, are more likely to do harm than good. In such cases the patient gets along better without medicine than with; all that is required is to give him simple diluent drinks, a very small quantity of farinaceous food, and avoid, as much as possible, all causes of irritation." The immense importance of free ventilation in the treatment of typhoid fever, and the inadequate notions on this subject possessed by many practitioners, are urged by Dr. Thayer in language which we hope will be felt by all who read these transactions. There can be no doubt that the rate of mortality in this disease might be materially diminished by proper attention to this point alone. We have taken occasion to offer some remarks on this subject in another part of the JOURNAL.

A few statistical tables are appended to the report; from which we find that the whole number of cases was 370, of which 154 were in males, 132 females, and in 84 cases the sex was not given. With regard to age, the largest number of cases (77) occurred between 20 and 30 years; 50 patients were between 30 and 40; 46 were between 15 and 20; and 41 under 10. The disease was most prevalent in the months of August, September and October. Of the 370 cases, 334 terminated favorably, and 36 were fatal; of the last, death took place in the second week in 10 cases, in the third week in 4 cases, in other weeks in 1 or 2 cases each. The time was not stated in 14 cases.

The Report on Surgery, by Dr. A. Smalley, of Lyme, contains some interesting cases of reduction of dislocation of the femur by manipulation; a case of fracture of the tibia and fibula, near the ankle-joint, with compound dislocation of the astragalus, which was forced through the integuments to nearly its whole extent. The limb was amputated near the middle of the leg, and the patient, a lad of eleven, in five months was able to walk, skate and kick foot-ball, by the aid of one of Palmer & Co.'s artificial legs, with such ease that a stranger would hardly suspect an artificial limb. A case of lupus exedens, for the relief of which the disease was extirpated and the loss of substance restored by a plastic operation, by Dr. Dixie Crosby, is accompanied by a sketch, showing how much may be accomplished in such a case.

The last paper of any length is Dr. Ham's Essay on Debility, which shows much thinking, but which from its obscurity of style, and especially of ideas, is hardly calculated to make a deep impression on the reader.



On the whole, we think the Transactions are highly creditable to the New Hampshire Society, showing a commendable zeal on the part of its members for the advancement of sound medical knowledge.

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*Diseases of the Urinary Organs; a Compendium of their Diagnosis, Pathology and Treatment.* By WILLIAM WALLACE MORLAND, M.D., &c. Philadelphia: Blanchard & Lea. 1858. 8vo. Pp. 579.

THE relation which the author of this work holds to the BOSTON MEDICAL AND SURGICAL JOURNAL, renders any criticism of its merits inadmissible to our pages. We feel, however, that our readers have a right to know what the work contains, since it is, so far as we know, the only compendium on the subject of the diseases of the urinary organs, and is published in the hope of supplying a want which has been long and urgently felt.

The book is mainly composed of two essays, on the subjects of the pathology and treatment of the affections of the urinary organs, to each of which a prize was awarded by the Boylston Medical Committee, in the years 1855 and 1857. The original manuscript, however, has undergone very considerable modifications, and has been increased by large additions; and the work is believed to contain a reference, at least, to every author of note on the various subjects treated of in relation to these diseases. It is not, however, a mere compilation, no inconsiderable portion of it being the result of the author's own observation and reflection, besides containing numerous interesting facts communicated to him by others, and now for the first time published.

Dr. Morland's researches have been confined to those diseases arising in, or especially manifested by the organs in which the urine is elaborated, and in which it is temporarily retained, and the passages through which it flows, excluding those special affections of the urethra (chancre and gonorrhœa), which are the results of an imported poison, although the effects of these on the urinary organs proper, as, for instance, the effects of stricture, are fully treated of. Part First, consisting of diagnosis, begins with general considerations, a description of the urinary organs, their anatomical relations, and remarks on the difficulties of diagnosis, from anomalous position of the organs. Next come the diseases of the supra-renal capsules, and those of the kidneys follow in order, including the various forms of nephritis, waxy degeneration of the kidney, non-desquamative disease, fatty degeneration, suppurative nephritis, pyelitis, tuberculous disease, cancer, hæmaturia, and nephritis from calculi and from retention of urine. Chapter IV. contains the diseases of the ureters. Chapter V. is devoted to the various diseases of the bladder, which are treated of in the fullest manner. It is divided into twelve sections, and includes every lesion. Chapter VI. relates to the various affections of the urethra, and completes the First Part.

The Second Part, which is devoted to the pathology and treatment of the diseases of the urinary organs, constitutes the most extensive division of the work, and contains, we believe, a description and the treatment of every known affection of those parts. An Appendix of forty-eight pages completes the volume. In it will be found some observations on subjects which, though connected with the urinary organs, cannot strictly be said to relate to them, such as diabetes, be-

sides a large number of interesting cases of the various affections described in the text, with such additions to the subject of the work as have been first made known during its passage through the press.

The intention of the author has thus been to present a complete summary of our knowledge of the diseases of the urinary organs at the present time, both for the convenience of practitioners, and to serve as a text-book for students. How far he has attained that object, must be left for the medical public to decide. F. M.

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*A Manual of the Practice of Medicine.* By T. H. TANNER, M.D., F.L.S., &c. &c. First American from the third revised and improved London Edition. Philadelphia: Lindsay & Blakiston. 12mo. Pp. 398. 1858.

WE scarce know what to say of this book. It is well arranged, it is well written, the style correct, and as concise as is consistent with clearness; but it is very small, and therefore unsuited for the purpose intended. We consider it wholly impossible to get enough of the practice of medicine into a 12mo. of 319 pages (for that is all that is strictly occupied with the Manual), to serve any good purpose. We might as well expect to have a dictionary of the English language in pamphlet form. A peck measure will not under any circumstances hold a bushel. We have a general dislike to all manuals, as the term is used now. They are only short cuts for lazy ones—fosterers of sciolism, and deceivers of young students, who having acquired very aptly the few partially exhibited facts and principles these books contain, imagine they are far advanced in the science of medicine. An exception to this is found among the Germans. Their manuals—hand-buchs—are no trifles. A German hand might handle them—we prefer a good table to support them. Look at John Fredrich Meckel's Manual of Anatomy, three solid octavo volumes; solid in cubic inches, but still more solid in the subject-matter contained. Otto's Handbuch of Pathological Anatomy is another specimen. With such manuals we would be content; but with these little concerns, on the touch-and-go plan, giving two or three symptoms out of twenty, sketching a theory instead of going into it, and either mauling it to pieces, or setting it up in an undeserved eminence and prominence—as we have just said, we have no faith in their usefulness, and we have strong convictions that they do much harm—not directly, but indirectly. We do not believe in short cuts. We do not believe in doing all a student's ratiocination for him. The pulp and spoon victuals presented him by such a process of grinding down facts and theories, will never nourish or strengthen him. Better let him take them as he finds them—facts and theories, laid out broadly and fairly, bone, gristle, tough and tender meat—and learn of himself, under proper guidance, how and what to assimilate or eliminate. He has more work to do, and it takes more time to do it; but, at the end, he is strong and hearty, and better fitted to masticate and digest a double portion than he was the first that was offered him.

Having thus given our notions upon manuals generally, we must say of this, in particular, that, turn where we will in it, we find nothing to complain of. All is accurate, clear. The most important is always given, to the exclusion of the least. There is no fact imperfectly presented—no theory falsely stated—no induction unfairly made. In short, the book is an admirable one of its kind—but it is of a bad kind. W. E. C.



## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 21, 1858.

## POLITICS AND MEDICINE.

WHEN the Governor of this State, "by and with the advice and consent of the Council," saw fit to remove Dr. Lothrop from the office which he so acceptably and faithfully filled, we supposed that the outburst of righteous indignation which the unhandsome act occasioned, would have rendered the repetition of a similar one, if not impossible, at least distant. When not only the members of the medical profession, but citizens of all ranks and of unquestioned intelligence and respectability, gave strong expression to their sense of the outrage and injustice done in that instance, it seems little else than the most wanton insult to an honorable body of men, and an utter disregard of the best interests of humanity, to follow up the dastardly blow by another quite as despicable. We will present a few facts just communicated to us by an esteemed correspondent, who expresses, in no measured terms, his indignation and disgust at the paltry political manœuvres which have led to acts so disgraceful to the present State Government.

Dr. Brooks, Superintendent of the Monson Almshouse, has been removed by his "Excellency," through the agency of the very wise and conscientious Councillors, to make room for one of their political supporters, notoriously incompetent not only in his medical capacity, but in every other, except that occupation which has placed him where he is.\* Moreover, the Commissioners for the Monson Almshouse—appointed, be it remarked, by the Governor and Council—have selected and appointed as physician to that institution, a self-styled "Doctor," whose claim to medical attainments consists in his having attended one course of lectures at a now defunct "Eclectic" school, once nursed in the congenial soil of Worcester, Mass., the hot-bed of all ultraism. And so, as we have every reason to suppose, the one thousand orphan children in the Monson institution are consigned to the tender mercies of "Lobelia, No. 6," and "Hot-Drops," at the hands of one who very probably knows nothing of the properties of even those delectable articles. And this by the advice and with the consent of the Council, ratified by his "Excellency's" signature! *Proh pudor*. We unite with our correspondent and with all who have spoken to us of the matter, in looking upon such deeds as a direct indignity thrown upon the medical profession, and as "entitled to the unqualified condemnation of all men who have any claim to respectability, or a spark of humanity."

The above action, moreover, is not enough, it seems, to declare the *animus* of the present Executive power. The newly-appointed incumbent at the Monson Almshouse is also dubbed Coroner for the County of Hampden. In stereotyped phrase we may say, "comment is unnecessary." We leave the facts to speak for themselves; but we do more than this—while we forbear to dilate further upon the individual

\* The Governor, in removing Dr. Brooks, unconsciously did him a kindness; since he has been appointed to an excellent situation in New York, as superintendent.

cases which have furnished the theme for our remarks, we present the *general subject* for the consideration, and, as we trust, the grave reflection of the profession and the community. If worthy incumbents in office, of any description, are to be at the mercy of every turn of the political weathercock, their condition, and that of those under their charge, is lamentable indeed. But if this is true in regard to the various offices of trust and responsibility of a merely pecuniary or business character, how much more so of those where the well-being of the sick is concerned? And how long will an intelligent and well-judging people be contented to support those political aspirants in their pretensions and places, who use the charitable medical and other institutions of the State as purchase-money for votes, and bribes to attain their selfish ends? Shall the welfare of those who look alone to the State for support and proper care, be made a mere toy in the hands of demagogues, or used as a stepping-stone for political jugglers? And, one question more—how long, is it to be supposed that intelligent, well-qualified and faithful medical practitioners will be found willing to take situations whose duties are always very responsible and onerous, when they know that a sudden change in the political atmosphere will displace them—perhaps just fairly established, and with everything in fine working order—and introduce a new comer, who, if ever so competent, must go over the ground just traversed by his predecessor, only, perhaps, to make way, in his turn, for the next political pet of the times?

The abuses thus perpetrated are palpable, and cry aloud for reform. The end of the matter, as it is now managed, will be, that incompetent, half-informed, or totally ignorant men will be thrust into the important public positions to which we refer; or else that, if reliable men are, *for a time*, still found, hardy enough to accept office at such risks, the rapid rotation to which they will be subjected, according to present appearances, will work infinite mischief to the inmates of the various asylums and hospitals under State protection, and render the physicians who take this *temporary charge* of them, the mere foot-balls of politicians. In view of this state of things, so much to be deprecated on all grounds, we say to our brethren, and to those in public life who can remedy the mischief—*RESPICE FINEM!*

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#### VENTILATION IN THE TREATMENT OF DISEASE.

To talk about the necessity of free ventilation in the treatment of the sick, seems, doubtless, to most of our readers, very trite; every body acknowledges it, every physician would be indignant at being supposed to underrate its importance. Yet we are inclined to think that an *adequate* notion of its great influence on the course and event of disease is far from being common, even in regular practice, as too much importance is frequently assigned to artificial interference by means of the administration of drugs, and too little to those co-operative measures whereby the powers of nature are assisted in restoring the diseased organism to a healthy state. How can we expect the healthy functions of the body to revive under the prostration of disease, when the supply of oxygen, which gives life to the blood, is furnished with a scanty hand, while the elimination of carbonic acid, a fatal poison when inhaled, is at the same time checked, by defective ventilation? And yet this state of things exists to a great extent in the practice of many medical men who suppose themselves well aware



of the advantages of fresh air in the sick room. The difficulty seems to be, that they do not know *how much* fresh air is wanted. Few persons are aware that from 300 to 400 cubic feet are required for the daily consumption of a man in health, and that in proportion as the air we breathe is contaminated with carbonic acid, the quantity of that substance thrown off, and the quantity of oxygen absorbed, are diminished: hence, unless a free circulation of air exist about us, we are liable to be poisoned by an excess of the one gas, at the same time that we are deprived of the antidotal virtues of the other. Now if to these influences we add the specific exhalations arising from the body in certain diseases, such as typhoid fever, rheumatism, the eruptive fevers, &c., it can easily be seen that a constant renewal of the vital fluid must be an indispensable element in the successful treatment of many cases of disease—an important one in every case.

It is not merely in the treatment of disease, but in its prevention, that there is great need of enlightenment on the subject of ventilation, notwithstanding the terrible warnings which have so often been given during the prevalence of epidemics. The instances are too numerous to need citation, in which the outbreaks of cholera and typhoid fever have been proved conclusively to fall most heavily upon those who were laboring under an insufficient supply of fresh air. The mortality from all diseases is much greater among the poorer classes, who are crowded together in ill-ventilated rooms, than among those whose circumstances place them above the influences of such evils. The reason of this is undoubtedly the imperfection of the process of oxidation, which ministers to the elimination of effete matter from the system, and the consequent accumulation of such matter in the blood, by which the system becomes less able to resist the influence of zymotic disease.

We were led to these remarks by the perusal of a Report on Practical Medicine, in the Transactions of the New Hampshire Medical Society, already noticed under our bibliographical head. The reporter, Dr. Thayer, says: "When I am called to a case of fever, I too often find my patient lying in a little bed-room about one third larger than the bedstead on which he lies, with no outlet to the room but one window, rarely opened, and the door which gives communication with the family kitchen, or sitting-room; the atmosphere warm and foul, charged with the exhalations from the patient's skin, so fully that you can not only smell but taste the nauseous air—sickening and prostrating to one who is in ordinary health—how much worse to him who is struggling for life with a severe disease! How often have I seen a decided improvement in a patient in an advanced stage of fever, on being removed from such quarters into a well-ventilated room." In all cases of sickness it is important that the patient should be placed in a large apartment. In summer time, one or more windows should be constantly open, day and night. Even rainy weather, unless excessive, or unless there is no window in the room into which the wind does not blow, should form no reason for excluding the outward air. In winter time, or when it is too cold to allow a window to be opened, a fire should be constantly kept, in an open fire-place if possible, not so much for the sake of warmth, as to insure a constant change of air; hence it should not be large enough to raise the temperature to any considerable degree. Attention to these simple rules will often be the means of enabling the patient to resist the depressing influence of disease, which he might be unable to combat if he

were deprived of the healthy stimulus of a due supply of oxygen. Dr. Thayer quotes, in proof of the justness of his views, the case of a large number of emigrants, who arrived at Perth Amboy, from Liverpool, with ship fever, and who for want of sufficient accommodation were placed in shanties, where they were exposed to the pure air, the buildings being so loosely constructed that they admitted the rain. Of the whole number of eighty-two patients, *not one died*. Of four others who were removed to an ordinary dwelling-house, and who were subjected to precisely the same medical treatment, two died.

We commend these views to our medical brethren, in the belief that a trial only of the effects of a free supply of fresh air in the sick room will convince those who have paid but little attention to the subject, of its advantages. Without ventilation, we can do but little by the administration of medicines; with it, drugs become of secondary importance in a large number of cases.

#### DISREPUTABLE ADVERTISEMENTS.

In common with several of our cotemporaries, we have inveighed against the widely prevalent custom of the daily press, of admitting advertisements into their columns whose *intent*, if not their actual language, is wholly in opposition to decency and morality. The greed of filthy lucre is so strong, however, that we despair of seeing a reform in this respect—at least to any extent. Everything is made to yield to the spirit and the machinery of gain; and it matters not that an outraged sense of propriety cries out, from every quarter, against what passes under the name of newspaper—for so long as the vile trash is promptly paid for, in it goes. Even the professedly religious papers catch the infection, and substitute pennies for piety, dollars for devotion. Those who manage these matters have a weighty responsibility to shoulder, and an account to settle hereafter, as well as here. We do not envy them the adjustment.

There is another kind of advertising which seems to be coming more and more into vogue; and which is even more mischievous and degrading. It assumes the pamphlet form, and thus is enabled, generally, to attract more attention; its shape gives it more permanence, and also more space to dilate upon the topics of which it treats. These topics are usually such as relate to what these harpies term “secret disorders,” or, perhaps quite as frequently, to “female diseases,” “irregularity,” &c. &c. The pivot upon which all of their endeavors turn is the getting of money by pandering to the lowest instincts of our nature, or by appealing to easily aroused fear. There is no more fruitful source of revenue to the graceless villains who pollute the social atmosphere with their presence and their filthy productions, than the facilities they pretend to offer to those unfortunate females unlawfully with child. By artfully worded paragraphs, they induce many such, and others also, who are laboring under actual disease, to buy their preparations and to read their abominable books. One of two things then results. Either abortion is effected—a crime perpetrated and the mother’s health and even life imperilled—or an inert preparation is sold, and money levied under false pretences, *ad libitum*, and, it would appear, according to present usage and demand, *ad infinitum*.

We are deeply pained to observe that a book-firm of no little notoriety, and whose premises are daily visited by all classes of our citi-



zens, has, within a few days, caused, or permitted to be circulated a couple of printed pages, surmounted by a female head, and which purport to set forth the ways and means to preserve the health of the sex. The chief measure advised, is (as is always the case in these productions), to take a certain medicine, which must, however, by no means be used "by married ladies when *enceinte*," as it would be "sure to produce unpleasant effects," &c. &c. It is a sovereign balm for every deviation from menstrual regularity, according to the unprincipled advertisers; and whether their assertions are true or not, their aim is alike iniquitous. We submit that not only do hitherto reputed respectable firms degrade themselves to the lowest level by such proceedings, but they open a broad avenue to licentiousness and directly pander to the worst vices. The honest and reflecting public should ponder well before it extends to such establishments the generous patronage which has so far been accorded to the one to which we allude. The common interests of humanity, no less than the high duty of Christian men and women, call for uncompromising condemnation of the course pursued by many such publishing houses. We assume our position fearlessly, and assert our belief conscientiously. Having done this, we leave it to our sensible, scrupulous and sensitive people to decide whether they will encourage those who *permit*, not to say encourage such dereliction from duty, such outrages upon modesty, such imposition upon credulity, such direct infringement of the laws of God and man. Let us have newspapers which will never offend the eyes and the delicacy of our wives and daughters; and, moreover, let us invoke even governmental protection to shield our doors from the defilement of the foul advertising sheets thrown around them, nearly every day, with the names of persons attached to them whom we otherwise would gladly honor, but, as it is, must detest. We declare "war to the knife," against the entire crew.

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*Dr. Elisha Townsend, of Philadelphia.*—The death of this worthy gentleman will give pain to a large circle of friends; and by his death science has lost a most intelligent servant. He was President of the Dental College, Philadelphia, and has been instrumental in doing much to advance the true interests of the profession throughout the country. As a man, he possessed noble qualities; and as a friend, he was prompt, unselfish and sincere. He had recently visited Europe for his health, but returned only to die. He will long be remembered by those who knew him, and the absence of his aid and counsel will make a void not easily filled.

E. G. T.

*Boston, October 18th, 1858.*

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*Aluminium in Surgery.*—A correspondent of the *London Lancet* recommends aluminium sutures as a substitute for silver in the union of wounds by the first intention. It is cheaper (less than half the price), more pliable, does not blacken from contact with pus, and can now be obtained in Europe without difficulty. We believe it has not yet been introduced into this country, but its great utility in various ways, both for domestic and scientific purposes, will doubtless make it abundant here.

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THE annual meeting of the Vermont Medical Society will take place at Montpelier on the 27th and 28th of this month.

*Carbonate of Ammonia in the Bites of Poisonous Reptiles.*—Dr. A. S. Payne, of Paris, Fauquier Co., Va., from long experience in the treatment of poisoning by snake-bites, spider-bites, &c., has come to the following conclusions:

"1st. That hartshorn is the natural remedy or antidote for the cure of all bites of poisonous reptiles or stings of insects which exert a rapid and depressing influence upon the heart's action.

"2d. That, in my opinion, second to the hartshorn, in remedial virtues, stands an etherealized solution of iodine.

"3d. That the binodide of mercury has proven itself next most valuable.

"In the fourth place of value I place various plants indigenous to the United States of America."—*Virginia Med. Journal*.

*Poisoning by the use of Honey.*—The question as to the occasional poisonous nature of honey has lately been again brought up in the *Southern Med. and Surg. Journal*, and in the *Druggists' Circular*. Many cases are alluded to, in which fatal effects have followed the use of honey. The most remarkable is mentioned by the editor of the first-named work, who refers to the fifth volume of the *American Philosophical Transactions*, where an account is given by Dr. Barton of an extensive mortality among those who had partaken of honey collected in the neighborhood of Philadelphia, in the year 1790. It was ascertained, in that case, that the honey was chiefly collected from the "*Kalmia latifolia*." Whether in all the other cases the poison proceeded from the sources resorted to by the bees, or from some secretion of the insect itself, is undecided. Considering the common use of honey in so many places, without any injurious effects, these cases may be considered as exceptional, and should hardly have any other effect than causing a watchfulness and moderation in its use.

*Criminal Lunatics.*—From a Parliamentary return lately issued, it appears that the number of criminal lunatics, in respect of whom commissions of lunacy are now in force, is 551. The incomes of 46 of these lunatics, and their allowance for maintenance, have not been ascertained and fixed; but the aggregate income of the remaining 505 amounts to £238,188, and the cost of their maintenance to £160,163. The total number of criminal lunatics now under confinement is 591—569 of these being confined in county asylums, hospitals, and licensed houses, the other 22 in jail.—*Lahore Chronicle*.

*Medical Miscellany.*—At the October meeting of the New York Academy of Medicine, Dr. Stone, of New Orleans, was present. The section on Public Health made a partial report, showing a bad condition of the sanitary regulations in the city, and asking for a special committee to assist them in investigating the whole subject and making a full report. A special committee of five members was appointed. The discussion on puerperal fever was continued.—Dr. Shumard has been appointed State Geologist of Texas.—The preliminary lectures in the Oglethorpe Medical College, Savannah, Ga., to have been commenced on the 4th inst., have been deferred to the opening of the regular session on the 18th, on account of the prevalence of yellow fever in that city.

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ERRATUM.—In Dr. Coxe's article on the treatment of rheumatism, p. 174, third line from the bottom, instead of "liq. morphiae, gr. ij.," it should read *liq. morphiae, one ounce, gr. ij. to the ounce*.

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MARRIED.—At Providence, R. I., 14th inst., Daniel Laing, Jr., M.D., of Liberia, W. A., to Miss Anna B. Parker, of Providence.

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DIED.—In Montague, Oct. 10th, Dr. Lucius Cooke, 44.—In Brunswick, Me., Dr. P. H. Cleaveland, for many years Professor of Chemistry and Mineralogy in Bowdoin College, 79.—At Ann Arbor, Mich., Naval Surgeon B. Ticknor, in the 71st year of his age. Dr. Ticknor's total service amounted to thirty-five years, of which fifteen were spent at sea and twenty in various naval hospitals.—At Port Deposit, Maryland, Oct. 7th, Dr. Jeremiah Smith Boies, 27.

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*Deaths in Boston* for the week ending Saturday noon, October 16th, 74. Males, 33—Females, 41.—Accident, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 21—convulsions, 3—cholera infantum, 4—croup, 2—dysentery, 5—dropsy, 2—dropsy in the head, 4—infantile diseases, 2—puerperal, 1—epilepsy, 1—typhoid fever, 2—scarlet fever, 1—jaundice, 1—insanity, 1—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 1—old age, 2—palsy, 1—phlebitis, 1—teething, 3—thrush, 1—tumor, abdominal, 1—unknown, 2—whooping cough, 4.

Under 5 years, 30—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 13—above 60 years, 9. Born in the United States, 47—Ireland, 22—other places, 5.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## WOUNDS PENETRATING THE CAVITY OF THE ABDOMEN.

BY JAMES B. COLEGROVE, M.D., SARDINIA, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

DR. J. B. STAUNTON, of Ellicottville, N. Y., has given me the history of the following cases of wounds penetrating the cavity of the abdomen, both of which I deem worthy of publication.

CASE I.—Mrs. R., German, æt. 30, the mother of eight children, laboring woman, strong, healthy, and with good constitution, was attacked by a cow, Wednesday, June 30, 1858, the horn of the animal penetrating the parietes of the abdomen at a point two inches above, and to the right of, the umbilicus. The wall of the abdomen was literally ripped open, from side to side. The wound measured twelve inches in length; the peritoneal coat was stripped into strings, and torn into numerous pieces; the intestines protruded from the wound bodily.

In this condition, the patient was found by Drs. Staunton, Williams and Arnold, who were summoned, and who arrived about two and a half hours after the occurrence of the accident. The bowels lay in an exposed condition, and were cold. A considerable quantity of extravasated blood occupied the cavity of the abdomen. The patient was not quite pulseless; vomiting had occurred. Dr. Staunton says that the smooth and glossy surfaces of the liver and stomach were distinctly visible. Much embarrassment was necessarily felt as to the course to be pursued. The lacerated and torn condition of the omentum rendered its return into the abdomen extremely hazardous and questionable. The supervention of peritoneal inflammation, of a character likely to be fatal in its termination, was almost certain. There was no alternative but its entire removal; this difficult and appalling operation was the only recourse. The vessels were seized with a small pair of forceps, in the process of excision, tightly tied, and each ligature cut close to the knot. Thus the *entire omentum* was removed. The extravasated blood was then gently absorbed by a sponge, which was made to penetrate every accessible part of the abdomen; the in-

testines were carefully washed and replaced, and the wound was closed with twelve stitches, adhesive straps being also applied. The pulse was 110, and quite full. Stimulants were, or had been administered to the patient. I forgot to say that she was seven months advanced in pregnancy. As near as could be judged, the patient had lost about three pints of blood. Five grains of Dover's powder were administered. The weight of the omentum, after its removal, was  $7\frac{1}{4}$  pounds.\*

2d day.—Pulse 160, full; considerable pain; tongue red and dry. Was bled one pint and a half. Opium and calomel, each one grain, once in four hours. Nitrate potash, gr. iij., every eighth hour.

3d day.—Pulse 140, full; intense pain; tongue red and dry. She was bled one pint. Treatment same as yesterday, with the exception of a cathartic of salts and senna.

4th day.—She aborted. The child was well formed, alive, but died in three hours after birth. From this time forward, the patient convalesced, the wound healing by first intention. Powerful cathartics were administered, which had a very prostrating effect.

10th day.—Signs of inflammation returned. She was bled one pint, and a cathartic of salts and senna was given; otherwise her recovery was steady and uninterrupted. Dr. Staunton thinks that the abortion was the result of the free administration of the cathartic medicine on the third day, rather than of the injury.

Sept. 20th.—The woman is quite recovered; performs all her housework without inconvenience. No tenderness of abdomen on pressure.

That this case is very remarkable in its whole history and result, no one will for a moment doubt. A very interesting case of incision of the abdomen was published in this JOURNAL, Vol. XVI., page 302, in which a greater part of the intestines are described as having passed out through the opening, but there was very little, if any, injury done to the peritoneum. Numerous instances of recovery from wounds of the abdomen have been referred to by authors of surgical works, from which it is inferred that such wounds, even though extensive in their nature, are not ordinarily fatal; but I have no recollection of having seen any case in which recovery took place after the removal of any considerable portion of the peritoneal covering. Mr. Samuel Cooper relates a case, in his Surgical Dictionary, quite similar to this; "the great arch of the stomach, and whole intestinal canal, except the duodenum, protruded through the wound." Referring to it, he says, "this case is really an interesting one; for notwithstanding so unlimited protrusion of the viscera, and the parts had been left unreduced more

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\* It adhered by several small attachments, amounting to three and a half or four inches in all—a fact not communicated to me until after the above article was written.



than an hour, a recovery ensued, under the judicious employment of bleeding, purging, anodynes, &c."

Every experienced surgeon is aware that instances occur occasionally, where the "condition of things" must form the basis of action, and that circumstances must guide him in the course he shall pursue, when he is compelled to act independently of all rules. That the patient should recover after the removal of the omentum entire, or nearly so, seems incredible; but it needs no further confirmation than the declaration of these physicians, all of whom are quite well known.

Much more might be said in reference to this case, as it affords abundant material for reflection; but I must leave the reader to the consideration of the facts, and to such applications as a history of the injury and its result may suggest.

CASE II.—Thomas Leggett, Irish, æt. 13, farmer boy. While at play in the hay field, Wednesday, August 4th, a fork tine pierced the skin of the abdomen, at about the seventh rib, and gliding downward under the skin, penetrated the walls of the abdomen, about two inches to the right of the umbilicus. Dr. Arnold was summoned. No blood escaped from the puncture after the instrument was withdrawn.

Dr. Staunton was called on the 11th, just seven days subsequent to the date of the accident. The condition of the patient at that time was truly alarming:—pulse 120, quick, feeble; great prostration; abdomen excessively distended; the pain intense, the patient screaming at every breath; both legs were drawn up; the teeth and tongue were covered with black sordes; countenance bloodless. There was every appearance of approaching death, from enteritis. Percussion of the abdomen gave unmistakable evidence of effusion. Without being satisfied as to the real nature of the fluid contained in the abdomen, Dr. Staunton determined to make a sufficient opening through the parietes to permit its escape. Accordingly, an incision was made, about an inch and a half in length. Two quarts of bloody serum were thus extracted, and about four ounces of decomposed blood also escaped, which was highly offensive and of about the consistence of tar. This done, Dr. S. introduced a female (silver) catheter, by which he succeeded in removing some remaining clots of decayed blood. The wound was then closed. Great relief was experienced immediately after the operation was completed; the patient allowed the limbs to be straightened in the bed, and without the exhibition of anodyne medicine he slept twelve hours (with slight exception) peacefully.

The condition of the patient for three days subsequently was precisely that of peritonitis—pain, excessive prostration, quick, feeble pulse, and vomiting, and his life was despaired of by Dr. S.; but to the infinite delight of the parents and physicians, he gradually recovered.

Sept. 26th.—Pulse 100, tongue red, appetite good. There is considerable tension and hardness, and an unnatural doughy feeling on pressure, but no tenderness. There was a free admission of air through the opening made by Dr. Staunton.

The lad apparently quite recovered from the prostrating effect of the injury and subsequent inflammation. If there was any question in the mind of the physician as to the cause of the inflammation, it can scarcely be doubted that the presence of so large a quantity of serum and blood in the peritoneal cavity was quite sufficient to produce it. The presence of atmospheric air may have been an additional cause, but the eventual recovery of the patient rather confirms the doctrine of Mr. John Bell and the later surgeons, that the admission of air into the cavity of the abdomen is not necessarily a fatal accident.

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#### DIPHTHERIA IN PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Within a few weeks past, six cases of *diphtheria* have been recognized by physicians in this city, three of which have terminated fatally. The disease is precisely the same as that which has prevailed so extensively in France and England during the last two or three years. It commences with the usual symptoms of a severe cold, much fever, and a speedy deposit of false membrane on the tonsils and upper portion of the throat. The fever soon becomes markedly typhoid in its character, and there is great constitutional depression. The breath also becomes excessively foetid, and, in some cases, there has been an enlargement of the submaxillary and other glands, and œdema of the neck. Death has occurred from exhaustion and fever, and with no symptoms of asphyxia.

The false membrane is less adhesive, and more easily broken up than in croup, and more easily detached. In one instance here, which recovered, a complete cast of the uvula was detached. The treatment is plainly indicated by the symptoms, and consists in the application of solid nitrate of silver or dilute nitric acid to the false membrane, with an early and vigorous administration of tonics. The constitutional treatment is more important than the local. Emetics, administered with caution, are thought, by some, to be valuable, and chlorate of potash is thought to be useful. It will be noticed that the symptoms are quite different from those of the *diphtherite* described by Bretonneau—a difference which has been noticed in France and England. Some English writers think there is a direct connection between scarlatina and diphtheria, and others think that a prevalence of stomatitis indicates a tendency to diphtheria.

It is not necessary, in this connection, to notice the different



theories which have been advanced. My object is particularly to call the attention of physicians to the disease, that its first beginnings in this country may be observed, and its progress known; and especially that they may watch for any circumstances which seem to show the cause of the disease. A theory has been advanced in France and England, that the odor from privy vaults is the specific cause of diphtheria. Will physicians observe and report?

E. M. S.

*Providence, R. I., Oct. 19th, 1858.*

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## FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 216.]

A GENTLEMAN was struck with the tongue of a carriage with which a couple of horses were running. The blow was received directly upon the back of the left elbow. Dr. Sprague and myself removed some small fragments of bone, and while opening the wound for this purpose, we could see distinctly the line of fracture extending into the joint as well as across the bone. The condyles were not separated.

The subsequent treatment consisted only in the use of such means as would best support the limb and most successfully combat inflammation. The arm and forearm were laid upon a broad and well cushioned angular splint, covered with oil-cloth, to which it was fastened by a few light turns of a roller.

Twelve years after, I found the humerus shortened one inch and a half. During the first year, he says, there was no motion in the elbow-joint, but he can now flex and extend the forearm through about 45°; when flexed to a right angle, it seems to strike a solid body like bone. Rotation of the forearm is completely lost, the hand being in a position midway between supination and pronation. He suffers no pain, and his arm is quite strong and useful. No means have been employed to restore the functions of the limb but passive motion at first, and subsequently constant, active use of the hand and arm.

The late Dr. Thomas Spencer, of Geneva, used to relate a case in which a surgeon was called to what he supposed to be a fracture of the lower end of the humerus, and which he treated accordingly, with splints, &c. On the second or third day, another surgeon was called, who removed the splints and bandages, and pronounced it a dislocation of the radius and ulna backward; but he was unable to reduce it.

After some time, the first surgeon was prosecuted for having treated as a fracture what proved to be a dislocation. Dr. Spencer, who had examined the arm carefully, gave his testimony last, and at a time when, from the evidence, it seemed almost certain

that the surgeon must be mulcted in heavy damages; but he declared his belief that both surgeons were right, since, on measuring the breadth of the humerus through its two condyles, he found that the humerus of the injured arm was three quarters of an inch wider than the opposite. His conclusion, therefore, was, that the condyles had been split asunder and were now separated; that the first surgeon properly reduced this fracture, but that when, on the second or third day, the second surgeon removed the splints and the dressings, a contraction of the muscles had taken place and the dislocation occurred, the bones of the forearm being drawn up between the fragments. Dr. Spencer believed this was an example of the variety of fracture now under consideration, but it is not quite certain that there was anything more than an oblique fracture extending into the joint, followed by a dislocation. In either case the first surgeon was entitled to an acquittal, and so the jury promptly declared by their verdict.

In a case of compound comminuted fracture of the character now under consideration, Dr. Stone, of the Bellevue Hospital, New York, removed the condyles, and sawed off the sharp end of the humerus. The woman was 26 years old, and intemperate. The operation was made as a substitute for amputation. No serious complications followed. On the ninety-sixth day the wounds were completely healed, and she could bend the forearm to a slight angle with the arm, the action of the muscles having drawn up the radius and ulna against the lower end of the shaft of the humerus, so that the motions were natural and free.\* The practice, as the result sufficiently shows, was eminently judicious; and its practicability ought always to be well considered before resorting to the serious mutilation of amputation. The great principle upon which the success of resection is here based, is the shortening of the bone, whereby the reduction may be accomplished without painful tension to the muscles; a principle which will demand of us hereafter a more careful consideration, and a wider application.

#### *Fractures of the Condyles.*

Chaussier describes that portion of the lower end of the humerus which articulates with the ulna as the trochlea, and that portion which articulates with the radius as the condyle; naming the apophyses which arise from them, respectively, epitrochlea and epicondyle. Some of the French writers have adopted this nomenclature, but I prefer, as being more familiar to my own countrymen, the terms external and internal condyle; to which it will be convenient to add the terms external epicondyle and internal epicondyle, as indicating the extreme lateral projections, which are formed from separate points of ossification, and which do not become united to the trochlea until about the seventh year of life, and sometimes much later.

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\* Stone. New York Jour. of Med., May, 1851, p. 302, vol. vi. of Second Series.



When, therefore, we speak of a fracture of the epi-condyle, we refer only to a separation of the epiphysis, such as it is in early life; or to its true fracture, when, at a later period, it has become an apophysis.

§ 7. *Fractures of the Internal Epi-condyle (Epi-trochlea—CHAUSSIER).*

This is the fracture which Granger first described in the *Edinburgh Medical and Surgical Journal*,\* and which he ascribed solely to muscular action. "A distinguishing circumstance attending this fracture, is, that of its being occasioned by sudden and violent muscular exertion; and it will be recollected that from the inner condyle, those powerful muscles which constitute the bulk of the fleshy substance of the ulnar aspect of the forearm, have their principal origin. The way in which the muscles of the inner condyle are involuntarily thrown into such sudden and excessive action, I take to be this—the endeavor to prevent a fall by stretching out the arm, and thus receiving the percussion from the weight of the body on the hand."†

It is a fact, perhaps of some significance in this connection, that most of these fractures occur in children, before the union of the epiphysis is completed, when muscular contraction might more often prove adequate to its separation, and when the epi-condyle is less prominent, and therefore less exposed to direct blows than in adult life: thus, of five fractures which I have distinctly recognized as fractures of the epi-condyle, all, except one, occurred between the ages of 2 and 15 years. But, then, it is equally true that a large majority of all the fractures of the internal condyle, including those which enter the articulation as well as those which do not, belong to childhood and youth. I have seen but one exception in fourteen cases. Since, then, direct blows generally produce those fractures which penetrate the joint, no good reason can be shown why they should not produce fractures of the epi-condyle. The exception to which I have referred as not having occurred in early life, is sufficiently rare to entitle it to especial notice.

On the 16th of May, 1856, a laborer, 34 years of age, fell from an awning upon the sidewalk, dislocating the radius and ulna backward; the dislocation was immediately reduced by a woman who came to his assistance, but when he called on me, soon after, I found a small fragment of the inner condyle, probably the epi-condyle alone, broken off, and quite movable under the finger. It was slightly displaced in the direction of the hand.

I could not learn positively whether in falling he struck the elbow or the hand, but there was presumptive evidence that he

\* "On a Particular Fracture of the Inner Condyle of the Humerus." By Benjamin Granger, Surgeon, Burton-upon-Trent. Op. cit., vol. xiv., pp. 196-201, April, 1818.

† Ibid, p. 196.

struck the hand; if so, then probably the fracture was the result of muscular action, which is the more extraordinary as having taken place in a man of his age.

It is pretty certain, however, that the theory of causation adopted by Granger is too exclusive. A lad was brought to me in October, 1848, aged 11, who had just fallen upon his elbow, the blow having been received, as he affirmed, and as the ecchymosis showed pretty conclusively, directly upon the inner condyle. The fragment was quite loose, and crepitus was distinct. He could flex and extend the arm and rotate the forearm without pain or inconvenience. I am quite sure the fracture did not extend into the joint; indeed the result seemed also to confirm this opinion, for in three months from the time of the accident the motions of the elbow-joint were almost completely restored.

Indeed, Mr. Granger has failed to establish, by any particular proofs, that in more than one or two of his cases the fracture was the result of muscular action; but, on the contrary, I am disposed to infer, from the violent inflammation which generally ensued in his cases, from the frequency of ecchymosis, and especially from the injury done to the ulnar nerve in at least three instances, that most of them were produced by direct blows inflicted from below in the fall upon the ground. Fractures produced by muscular action are seldom accompanied with much inflammation or effusion of blood, and it is much more probable that the ulnar nerve should have been maimed by the direct blow which caused the fracture, than by the displacement of the apophysis, which is, as we shall presently show, almost always carried downward, and oftener slightly forward than backward. It is only when the fragment is forced directly backward that the ulnar nerve could be made to suffer; a direction which, it does not seem to me, it could ever take from muscular action alone.

*Direction of Displacement, Symptoms, &c.*—I have seen this fragment displaced in the direction of the hand, or downward, very manifestly twice, and in two other examples a careful measurement showed a slight displacement in the same direction. The greatest displacement occurred in a boy 15 years old, who was brought to me from St. Catherines, Canada West. He had fallen upon his arm in wrestling, and his surgeon found a dislocation of the bones of the elbow-joint, which he immediately reduced. The fracture was not at that time detected, the arm being greatly swollen. No splints were applied. It was three months after the accident when I saw him, at which time I found the internal epicondyle broken off and removed downward toward the hand one inch and a quarter; and at this point it had become immovably fixed. Partial ankylosis existed at the elbow-joint, but pronation and supination were perfect.

In one instance I believed the fragment to be carried three lines



## *Biliary Calculus—Veratrum Viride.*

upward and two backward toward the olecranon; in each of the other examples the fragments have not seemed to suffer any sensible displacement.

Granger found, also, in the five examples which came under his notice, the epi-condyle carried toward the hand, with more or less variation in its lateral position, so that while in some instances it touched the olecranon, in others it was removed an inch or more in the opposite direction.

It is probable that, except where controlled by the force and direction of the blow, or by some complications in the accident, the fragment, if displaced at all, always moves downward toward the hand, or downward and a little forward in the direction of the action of the principal muscles which arise from this apophysis; and when the fracture or separation is the result of muscular action alone, this form of displacement seems to me to be inevitable.

[To be continued.]

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## **Reports of Medical Societies.**

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**EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.**

*Woburn, March 24th, 1858.*

THE Society met at the house of Dr. S. WATSON DREW. Dr. INGALLS exhibited a portion of hepatized lung removed from a horse who died suddenly to-day. There was double pneumonia. The small intestines, also, about one foot below the larger stomach, were found engaged in an opening in the omentum. A knuckle of nearly three feet of the gut had passed through, and was strangulated there. The stricture was so close and unyielding that a finger could not pass through it. Another horse died in Winchester, as suddenly, to-day. Hence the examination.

The liver, pancreas and stomach, with a biliary calculus, and one from the hepatic duct, removed from a patient of Dr. WAKEFIELD, were exhibited by the Secretary. The following account was given. Mrs. K., 60 years of age, four years ago had severe hepatitis. Nov. 26th, 1857, worn out with care, she experienced a sharp pain in her bowels while at stool. After vomiting, it ceased. For every four or five weeks after this, she was confined to bed with nausea, for the space of ten days or so at a time. Still appetite was good and pulse regular. Each attack was more severe than its predecessor. During the last illness, she took a lobelia emetic. Vomiting continued until death. This emetic was taken at the instigation of a botanic doctor. Subsequently she was under regular treatment. Thirty-seven faceted concretions were found in the gall-bladder, and one in the hepatic duct. This was round, of an iron-rust color, clave concentrically, and was friable—differing much in its physical characters from the white, hard, angular calculi found in the bile reservoir. The gall vesicle was thickened, and its capacity diminished by transverse bands.

Two papers upon the *veratrum viride* were read by Drs. CHAPIN and RICKARD. They highly commended the article as an arterial sedative, and corroborated the statements hitherto made.

Dr. HODGSON remarked, that for some time he had found the *veratrum viride* to reduce the pulse in pneumonia invariably. However, in a case where cerebral effusion supervened upon the pneumonitis, the *veratrum viride* had no power.

Dr. TOOTHAKER had marked success with it in some cases ; in others, not—as scarlatina. He thought that local inflammation should be present as an indication for its use.

Dr. B. CUTTER found its greatest power in infantile cases. He had also used it externally. In a case of mastitis, a suspicious swelling appeared on the inside of the left arm, looking like a pyogenic abscess. He abated the swelling by discussing it with a tincture of one third the usual strength. The other breast becoming sore, was relieved by a similar discussion. Subsequently it availed not. A case simulating phlegmasia dolens was similarly treated, besides the use of other means, with success. Dr. B. stated that his preceptor, the late Dr. Frank Kittredge, of Woburn, prescribed it in cataplasms for ulcers of the leg.

Dr. CHAPIN had successfully employed the *veratrum viride* in cerebral cases. It was an excellent adjuvant to cough mixtures. Combined with ergot, it does well in phthisis with hæmoptysis and profuse expectoration.

The gentlemen for the most part had found the *veratrum viride* useful in scarlatina.

The following papers were read:—On the 416 cases of obstetrics which had been returned by the Society, for 1857, by Dr. W. Ingalls (published in the Boston Medical and Surgical Journal); on the zymoses of 1857, as they occurred in the practice of the members, by the Secretary; on Dr. N. R. Smith's anterior splint for fractures of the lower extremity, by Dr. E. Cutter; and on a modification of Desault's splint, by Dr. Alonzo Chapin.

On motion of Dr. Chapin, Howland Holmes, M.D., of Lexington, was elected an honorary member.

The following paper, on the *rhus radicans* (poisoning), was read by Dr. Chapin, Jan. 15th, 1851.

“During the past fall there came under my care a young woman, poisoned by the *rhus radicans* (poisoning). When called to her, her face, ears and neck had an erysipelatous redness, and were seemingly swollen to their utmost capacity. She could not open her eyes, her nose was closed, and no African ever exhibited such a formidable pair of lips. The febrile action was great; skin hot, pulse full and rapid; throbbing and compression about the brain, and partial coma. Her hands, too, exhibited partial redness, but were not much swollen.

“In treating the case, I probably should have been justified in the abstraction of blood; but omitting that, I employed an antiphlogistic course, internally, and left a cool saturnine lotion to be frequently applied to the affected parts externally.

“The next day her symptoms were all worse; she was more swollen, and had more coma. Her appearance was that of aggravated erysipelas, and might have been taken for that, had not the family been positive as to the cause. Its similarity suggested to my mind a similarity of treatment, and I at once prepared an aqueous solution of nitrate of silver, which I sprinkled over her face and neck.

“The next day I found her impatient for me to arrive. The redness and swelling had much subsided, and she felt greatly relieved. She



stated that the application of the lunar caustic wash produced an immediate cooling sensation, had removed much of the burning heat, and she wished it applied again. One of the ears, which had been accidentally neglected, was still greatly swollen, and had begun to vesiculate. After this, the face rapidly improved, and recovered much faster than an ordinary course of erysipelas.

"The hands, meanwhile, not seeming very bad, were neglected, but at length became greatly swollen, blistered badly, and were a long time in healing. She had unwittingly handled the poison with them, but the skin being thicker than on the face, might have been the reason that they were not so rapidly affected; and perhaps, for the same reason, the application of the nitrate of silver did not act so readily in destroying the virus.

"Its early application to the face, by destroying the cuticular absorbents, is the *modus operandi* on which I would explain the speedy cessation and decline of the inflammatory action. And as auxiliary, I should recommend a previous thorough washing of the surface with soap and water, to remove any virus that may adhere to the skin."

"This is but a single case; but the speedy and great relief furnished by the nitrate of silver impressed me favorably, and induces the wish that it may be further tried in cases of poisoning from the same article."

[*Vide* Boston Medical and Surgical Journal, Vol. XIX., pp. 190 and 256, for an article on the same subject by Dr. Toothaker. Also, *vide* Am. Journal of Medical Sciences, Vol. IV., p. 99, for a similar article by Dr. R. Dakin, and a most reliable prescription for this poison:—  
**R.** Sulph. cupri, precip. mer. rub., aa ʒj.; terebinth. Ven., ʒiij.; axunge porc., ʒj. M. Fit ung. Dr. Benjamin Cutter has used the above for many years. The same treatment answers for the poison of the rhus venenato, or dogwood.—**SEC.**]

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUGUST 9th.—*Cysts from the Cavity of the Arachnoid.* The specimen shown by Dr. ELLIS, from a patient of Dr. C. E. WARE.

The patient was a man 65 years of age, of somewhat intemperate habits. On the first of July, 1857, he was struck by the boom of his vessel on the back of the neck and head. He was stunned, and severely injured at the time, and since has never been free from pain in the back of the head, extending through to the forehead. He entered the Hospital July 14th, 1858. His health had been rapidly failing for the previous four or five weeks. He complained only of pain through the frontal region. His memory was much impaired, so as not to be trusted from moment to moment. His bodily functions were all well performed. He continued to fail in mind and body, passed into a state of lethargy and coma, and died without the occurrence of any other symptoms. He never had any paralysis, nor anything which resembled an apoplectic attack.

*Sectio Cadaveris*, by Dr. C. ELLIS.

Head.—The inner surface of the calvaria, near the vertex, was reddened, and quite porous, or, rather, traversed by minute channels, which gave it the appearance of being affected with osteoporosis. Over the superior and lateral surfaces of each cerebral hemisphere, be-

tween the dura mater and the arachnoid, or, considering the latter a sac, in its cavity, were cysts, composed of a firm yellowish membrane, less than half a line in thickness. That upon the right side contained within its cavity about two ounces of thin blood, and soft, blackish coagula. A small quantity of yellowish fibrin also adhered to the inner surface. Within about an inch of the periphery, in all directions, the two walls were united, and then, as a single layer, became thinner and thinner until they were lost, near the longitudinal sinus above, and toward the base elsewhere. Upon the left side, although a cavity existed, the walls appeared to have been in contact. There was decided flattening of both hemispheres beneath the sacs, which adhered very slightly, if at all, to the arachnoid, while their union with the under surface of the dura mater was such as to render some care necessary in their removal. The brain itself appeared healthy.

The posterior part of the lower lobe of the right lung was hepatized, though the tissue was not solidified to the degree generally seen.

The other organs were examined, and found sufficiently healthy.

Dr. JACKSON remarked upon it as a curious pathological fact, that a membrane should form about blood effused into the cavity of the arachnoid; and that such changes should subsequently occur in it. He had examined, *post mortem*, three cases that he supposed to be of this nature. The first occurred many years ago; a thin, but very tough membrane was formed quite extensively, in part connected with the dura mater and partly separated from it. The case was not understood, as there was no effused blood, though there probably had been within two months. In the second case, about five ounces of blood were effused over the right hemisphere; and the membrane was so tough that, though great force was used, it was not torn. The patient was an elderly man, and the disease could not have dated back more than three weeks. In the case of the Hon. Daniel Webster, which was fully reported by Dr. Jeffries in the *American Journal of Medical Sciences* for 1853, there was a fibrinous effusion over the convexity of both hemispheres, the greatest thickness being about one fourth of an inch; no blood was found, and there had never been any satisfactory evidence, from symptoms, of any considerable effusion, and yet an effusion had probably taken place.

Dr. J. referred to numerous specimens that he had seen in European museums. In one, that was exhibited at a meeting of the Anatomical Society in Paris which he attended in 1851, the cyst was as large as the two fists, partly ossified, as it was in some of the other cases; and, when recent, filled with a pultaceous matter. Dr. J. further referred to an article upon this subject in the *Med.-Chir. Trans.*, by Mr. Prescott Hewett.

AUGUST 23d.—*Fibrous Tumor of the Uterus.* Dr. AYER showed the specimen.

The patient was 40 years of age, the mother of five children; she had had uterine hæmorrhage, at intervals, for four years, and been under the care of various physicians. He had been called to her only a few times previously, and then to pass the catheter. The character of the tumor had not been determined, till, one day, after a long walk, the entire mass came away. Its form was heart-shaped, appearing like an enormous uterus, inverted. It was found to be pediculated, and attached to the uterine wall. Dr. H. G. Clark saw the patient, in consultation. A strong ligature was passed around the



pedicle, and tightened daily. The tumor separated on the fourth day; its apex was marked by a smooth circle, worn by pressure on the os uteri. Weight of tumor, two and a half pounds. To the knife, its resistance was firm, and the substance throughout hard. No hæmorrhage followed the operation, and the patient has greatly improved under the use of citrate of iron and other tonics. There is, however, procidentia uteri, compelling her to lie abed a portion of the time, and wear a supporter when about.

AUGUST 23d.—*Gonorrhœa; Abscess of the Penis.* Dr. COALE mentioned the case.

He first saw the patient, a young man, in June. At that time there was nothing remarkable in the appearance of the case. On the 4th of July, the penis showed signs of erysipelas, followed subsequently by an abscess of the size of a hen's egg, which was laid open. It had dissected up the integuments, and laid bare the corpus spongiosum. He laid it open freely, and dressed it with tincture of myrrh and powdered bark. At the end of three weeks he had recovered. Another abscess afterward formed at the root of the penis. This was opened, and discharged laudable pus, without any urinous odor. This soon healed. The general treatment was by copaiba. Dr. C. thought this complication extremely rare.

AUG. 9th.—*Tumor from the Penis of a Horse.* Specimen exhibited by Dr. ROBERT WARE. It consisted of a fatty tumor, first noticed about ten days ago. It was situated about six inches from the extremity of the penis when extended, and was attached to the prepuce. The horse was 18 years old.

SEPT. 13th.—*Congenital Stricture of the Anus.* Specimen shown by Dr. JACKSON. The patient died at the age of 18 months, of a dysenteric affection. At birth, the opening was only large enough to admit a probe. It was gradually enlarged by the aid of bougies. The intestine above the stricture was considerably dilated. The specimen was from Dr. Seaverns, of Jamaica Plain.

SEPT. 23d.—*Heart—Interventricular Opening.*—Dr. JACKSON showed the specimen, which he had received from Dr. N. L. Folsom, of Dover, N. H., from a girl aged 11 years and 8 months; tall of her age, very slender; able to go to school occasionally, but often sick. She had had blueness of skin from birth; palpitation and dyspnœa. Had influenza last November, and died of phthisis on the 17th of this month. The opening in the septum would have admitted the end of the little finger; and the aorta arose, of full size, directly over it and about equally from the two ventricles. The pulmonary artery was rather small, and had but two valves. The two ventricles were about equally thick; the left being thinner and the right much thicker than natural. Foramen ovale; small opening.

Dr. J. remarked that, as far as he had seen, the lividity was the exception and not the rule in these cases. An abnormal condition of the pulmonary artery of some sort, with thickening of the right ventricle, seems to be always found in interventricular openings.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 28, 1858.
 

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## THE PURITY OF MEDICINES.

It is, beyond dispute, one of the most vital interests of humanity, that all medicinal substances should be entirely reliable. There cannot, we think, be any doubt that much of the failure often experienced with medicines, arises from a faulty preparation of good materials, or, more frequently, from the employment of spurious or effete substances. Many evils result from this state of things. The first and chief is, that patients suffer; and the most serious consequences must constantly ensue. The modern physician, it is well known, uses comparatively very little medicine; but such as is required should be the best it is possible to obtain. Think of encountering a violent attack of colic, or any other excessively painful affection, with worthless opium; or of combating an intermittent, with quinine innocent of its chill-subduing power!

The next bad effect of poor medicines is that the physician is blamed. The inefficiency of the medicaments is charged upon *him*; and he is set down as incompetent to choose, or unacquainted with the effects of drugs. To such an extent may this mischief go, that a worthy and skilful practitioner may be discharged, and the patient entrust himself to quacks, and run the entire gauntlet of reckless empiricism.

It is therefore not only highly important that the purest articles should be selected and furnished by druggists, but every honest attempt to improve the processes of the preparation, and to facilitate the pleasantness of the exhibition of medicines, should be hailed with gratification by the profession. Nothing, however, of value, should be sacrificed to mere elegance of form or ease of administration. It were far better that an unpleasant mixture or a large powder should be swallowed, in a serious case, where medicinal action is imperatively demanded, than that squeamish delicacy should die with a gilded or sugared pill between its lips, or ineffectually slumbering in its stomach! And the same is true with regard to the infinitesimal granulations which fill the homœopathic toy-boxes, and melt upon the tickled palates of the adherents of that moonstruck fraternity.

In common with very many of our editorial brethren, and with the hope and belief that a great good had been effected, we have spoken with favor of the methods so extensively adopted, of late, by practical pharmacutists, to concentrate medicinal substances and thus present the physician with weapons less obnoxious to the majority of his patients. By less *obnoxious*, we mean less offensive to sight, smell and taste—for, of course, our object is the same, and, our intent being beneficial, it is understood that our processes are conscientiously resolved upon.

It is, however, of the greatest importance, that no change should be wrought in the quality of the medicines, by the novel methods of treating the substances from which they are derived. The greatest care should be used in their preparation, so that no fermentation, in very hot climates, shall spoil them, nor other accidents befall them from



careless management. Moreover, the most scrupulous watchfulness should be exercised that no mistake be made as to the ingredients of every mixture, pill or powder. In our issue of September 30th, 1858, we noticed the Book of Formulæ, just published by Messrs. Tilden & Co., whose preparations, in common with those of Thayer & Co., we have, from time to time, employed with satisfaction. Two or three of our cotemporaries have lately commented very freely, and one, we think, with unnecessary harshness, upon sundry short-comings of the first of the above establishments. We should be the last to excuse criminal carelessness in pharmacutists who cater so extensively for the public demand for medicinal articles—but we think the other side ought to be fairly heard, and prefer to suspend judgment until it is. Mr. Tilden has called upon us within a few days, and he states that an explanation of the matters at issue will shortly be published. We can but agree with our *confrères* above referred to, as to the blame to be attached, in allowing tartarized antimony to be dispensed in pills which should have contained, instead, antimonii sulphuretum precipitatum. The firm should also have been more accurate than to declare that, on analysis, the said pills were correct according to the United States Pharmacopœia; since Plummer's pill is not officinal by that standard, although it is recorded in the Dispensatory of Wood and Bache.

The fact of destructive fermentation taking place in the medicinal extracts of Tilden & Co., in the city of New Orleans, is attributed by the head of that firm to the removal of the chlorophyll from them; and he ascribes the non-fermentation of the English extracts to their containing starch. A full explanation of the facts relative to this point, and based upon thorough experimentation, is promised by Mr. Tilden.

There is one procedure upon which we join issue with Tilden & Co., and will do so with any other manufacturing house which gives us similar occasion; and we have done this by directly speaking to the head of the house upon the subject, so that he will not be surprised to see our opinion stated in our pages. Tilden & Co. have, in their late circulars, announced a sugar-coated, "improved" compound cathartic pill, "*without calomel*." Now, in the first place, the old compound cathartic pill is a very excellent one, and we doubt if it is *improved* by substituting podophyllin for calomel. The truth is, there is a great deal of namby-pamby twaddle poured forth by ignorant persons in reference to calomel—a substance which, when judiciously administered, and under the eye of a true physician, is often of inestimable value. That it may be abused, is undoubtedly the fact—but not in proper hands. We protest, then, against this act of Messrs. Tilden & Co., which only serves to foster an absurd prejudice, and rather tends to cripple the practitioner who knows how to use medicine. If the latter does not think calomel proper in a given case, he is not compelled to use it—he surely has an ample choice from the list of cathartics and laxatives—and it is unbecoming, in any pharmaceutical house, to put forth a pill, of the style of Tilden & Co.'s "improved compound cathartic," with the significant intimation "*without calomel*." The effect upon the public is, to throw a reflection of an unfavorable nature upon the profession, and, in an uncalled-for way, to minister to unreasonable and mischievous prejudices. We do not accuse Tilden & Co. of doing this wilfully; and we hope that no practical pharmacutists,

who derive, as do these gentlemen, a large revenue from their sales, and for which they are in a great measure indebted to our profession, would, for the sake of gain, do anything which, like the above, tends to injure all concerned, and indirectly to foster quackery.—We await Messrs. Tilden & Co.'s promised communication relative to the subjects upon which we have commented; and we cannot but hope that it will prove abundantly satisfactory.

#### NOCTURNAL INCONTINENCE OF URINE IN CHILDREN.

EVERY practitioner has probably been baffled in his efforts to cure the nocturnal incontinence of urine in young children, a source of so much annoyance and vexation to parents and nurses, and so prejudicial to the comfort and even to the health of the subjects of this infirmity. A most interesting paper on the subject, read before the College of Physicians of Philadelphia, by Dr. ADDINELL HEWSON, is printed in the last number of the *American Journal of the Medical Sciences*, and as it is based upon an extended observation, and as the results are highly satisfactory, we make no apology for laying an abstract of it before our readers.

Dr. Hewson's observations were made upon children in the House of Refuge, in Philadelphia, containing 292 boys, averaging about 12 years of age, and 80 girls, who were rather older, both white and colored. It was found, strangely enough, that but two of the girls were in the habit of wetting their beds, and these did it so seldom as not to be a source of annoyance. Among the boys, there were 78 addicted to this habit, being a proportion of 1 to 3.75, who were affected with enuresis; but only 63 were the subjects of observation, the other 15 having been discharged at an early period from the institution. The disease was more than twice as prevalent among the blacks as among the whites, the ratio being 1 in 2.7 for the former, and 1 in 7 for the latter. Of the whole number, the general appearance of health was good in 34. More than one third of the whole number suffered from ascarides. The average specific gravity of the urine was 1018. In 16 individuals it was 1020. Uric acid was deposited in 31 specimens, and urate of ammonia in 8. The prepuce and penis were much discolored, and the former much elongated, as either from frequent pulling, to relieve the itching of cystic irritation, or as from masturbation, in no less than 46 cases. This vice was confessed by 18 boys, and strongly suspected in 33 others.

The effect of diet on the disease was quite marked, the greatest number of cases being reported for Wednesday and Saturday night, especially the latter. Now, on those days the inmates of the colored department had salt pork or fish, and hominy, for dinner, while the white boys had the same only on Saturday; and fresh boiled beef, soup, potatoes, rice, cabbage and bread on the other days. There was always a fewer number reported for Sunday night, on which day the boys had bread and molasses, instead of mush and molasses for supper, and it was found that abstinence from liquids at the evening meal was followed by well-marked diminution of the enuresis. Atmospheric vicissitudes were also not without their influence; it was found that the number of cases was always increased by a sudden and decided fall in the thermometer and barometer.

In the treatment of these cases, Dr. Hewson made trial of all the principal remedies which have been recommended, commencing, how-



ever, with the bromide of potassium, in the doses of two and a half and three grains, thrice daily. This medicine suggested itself to him on account of the anaphrodisiac effect which he had seen it exert in cases of seminal emissions and masturbation; and thinking that much of the incontinence was owing to irritation consequent on this vice, he determined to give it a trial. The result was that 9 of the 63 were promptly and completely cured, although among them were three subjects in whom there was no reason to suspect masturbation. In 4 cases there was material relief, but in the 50 remaining cases it seemed to exert no beneficial effect whatever, though persevered in for two weeks. The cold douche in the back, loins and belly, was employed in conjunction with the bromide of potassium, but as it had been previously used without benefit, there seems no reason to ascribe to it any of the success obtained. The tincture of the chloride of iron was next tried, in doses of five and three drops thrice daily, which was doubled, at the end of the first week of its use, and combined with the cold douche and a dry supper of bread only, but at the end of six weeks the number of cases was as great as when the use of the iron was begun. Cantharides was next employed, but with no better effect.

Finally, Dr. Hewson established what he considered a more rational plan of treatment. He ordered for each boy suffering with constipation, a dose of magnesia; for those affected with worms, turpentine and bicarbonate of soda, thrice daily, and five drops of Squire's belladonna juice, prepared by Bently's process. The boys were also ordered to have a dry supper of bread alone, and the cold douche, and each one was made to rise and urinate an hour after retiring for the night. Under this plan the number of cases diminished with astonishing rapidity, and in two weeks only four cases, besides those who wet their clothes during the day, were reported, and these were suspected of deliberately wetting the bed for the sake of being continued on bread for supper, which they preferred to the mush. All the cases were therefore put on a small allowance of bread for supper, so as to go to bed hungry. From that time there was not another case, and, at the expiration of Dr. Hewson's term of service, the patients had all been without treatment for two weeks, and there was no recurrence of the disease in those affected with the nocturnal incontinence alone.

It would be interesting to know how far the belladonna was concerned in the gratifying results obtained by Dr. Hewson, and we regret that he did not select a number of cases to be treated like the others, except with the omission of this drug, in order to test its powers. We feel that the profession is much indebted to him for his elaborate and valuable observations on this unmanageable affection.

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#### CANNABIS INDICA.

A CORRESPONDENT, whose queries respecting the *valerianate of ammonia* we have endeavored to answer, makes the following remarks respecting the Cannabis Indica. We believe that the experience of many other practitioners coincides with his; we have had no experience with the article ourselves. We hoped to have been able to present our readers with an interesting description of the effects of the extract upon the person of a physician of Boston, but we have been disappointed. Perhaps we may still be successful in obtaining the article for publication.

“With regard to Cannabis Indica, I have used several preparations (by different pharmacutists), and, in the ordinary doses of five to ten drops, have never been able to see any specific effects. I have given it in doses of twenty-five, thirty, forty, forty-five, and so on up to ninety drops to two persons—myself and a friend—and found nothing more than such sensations as those produced by a nasal, faucial and general cephalic catarrh, in its second stage, i. e., when the lining membrane of the nasal and adjacent passages and cavities had fairly begun to swell. I have used it in several cases in doses of twenty to twenty-five drops hourly, without any effect, if I except my own disappointment. It may be, however, that all the preparations (or rather specimens of similar or like preparation—tincture) I have used have been inferior or spurious. There is one view of the matter, however, which makes me somewhat skeptical with regard to the great advantage to be derived from the use of this article. I refer to the diseases for whose cure or alleviation it has been recommended. These are hydrophobia, tetanus, rheumatism, flooding, catalepsy, chorea, epilepsy, neuralgia, &c. &c. Now, I do not overshoot the mark when I say that a hundred other articles have already been equally lauded as specifics or palliatives in the foregoing affections, and they still remain, at this day, as intractable as ever. If a medicine or medicinal agent has no other claim on our confidence than its efficacy in such diseases as I have mentioned, I think it should be regarded rather with distrust than confidence. *Its great (imagined) powers in those diseases give evidence only of the ignorance of the profession with regard to it.*”

#### “POLITICS AND MEDICINE.”

MESSRS. EDITORS,—The “outburst of righteous indignation,” contained in your editorial on “Politics and Medicine,” in the last number of the JOURNAL, in view of “the indignities thrown upon the medical profession,” will meet with a ready response in the breast of every physician legitimately qualified to engage in the duties of his sacred calling, as well as of every sincere lover of his fellow men.

What do the Governor and his advisers mean? Is it thus that they illustrate the sincerity of those much-vaunted professions of reform with which their reign was inaugurated? It is painful to witness the noble charities of our State dragged in the mire of political turpitude, and prostituted to ignoble ends; but it is still more painful, if possible, to see the Governor of the State of Massachusetts offer a premium to ignorance and quackery, by appointing notoriously incompetent persons to high places of trust; and this, too, at the expense of those who, by time, labor and outlay of means, have qualified themselves to discharge the duties of such positions creditably to themselves and the profession which they represent; and in a manner the best to promote the objects for which the charities were designed.

In the case of Dr. Brooks, it is notorious that he was removed in order to make way for another, as a reward for partizan zeal and services; and who obtained the place of Superintendent of the Institution according to promise, while the other principal, but defeated competitor for the office, has since received as a “placebo” the appointment of physician to the same Institution. He, also, is obnoxious to the same objections which you urged against the Superintendent, being of the same kidney in respect to medical “isms.” They are both disciples of the *erudite* Thomson. I am a supporter of the



present State administration, yet I believe that such flagrant injustice to worthy and honorable men, by removing them from office from sinister motives, and such wicked abuse of power in the appointment of unqualified persons to fill places of responsibility, if unatoned for, will compel the people to place their seal of condemnation upon all such unworthy dispensers of patronage; and, if continued, to pass their verdict,

"Never more be officer of mine."

Northampton, October 22d, 1858.

C. N. C.

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QUACKERY UNMASKED.

MESSRS. EDITORS,—This is the first time that I have troubled you with any communication of mine, and my apology for doing so at this time is the strong interest I feel in every laudable effort to enlighten the public mind, and discourage quackery. I have been especially induced to address you now, from witnessing the strong and varied opposition which is manifested toward a recent publication entitled "Quackery Unmasked," by Dan King, M.D. Quacks of all sorts, although differing in every thing else, agree in their efforts to suppress it. Apothecaries, who deal largely in nostrums, discourage its circulation; and editors, who derive their principal support from quack advertisements, either refuse to notice it at all, or misrepresent it.

The book is the result of long and patient investigation and research, and should be in every family. It contains much that every one ought to know. Wherever it is candidly read and considered, it *must and will* have a salutary influence. I believe it to be the duty of physicians to give the public correct information upon the subject of medicine, and the circulation of the work referred to cannot fail to do much to further so desirable an object.

I. D. N.

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*Massachusetts Medical College.*—The annual course of lectures at this Institution will begin on Wednesday, November the third. The introductory lecture will be delivered at 12 o'clock, M., by JOHN BACON, M.D., Professor of Chemistry. Physicians, and gentlemen interested in medical science, are invited to be present.

Professor Bacon is a fluent and pleasant lecturer, and we doubt not that those not connected with the profession who can spare an hour to listen to him, will be interested in what he may have to say.

Every season offers more facilities for students coming to our city for instruction; and, by the industrious and persevering, a competent medical education is sure to be obtained. The Faculty spare no pains to secure to learners the attainment of this end; and we trust that the public will avail itself of this and similar opportunities to become acquainted with the fact.

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*Massachusetts Medical Benevolent Society.*—The annual meeting of this Society will be held to-day (Thursday), at the rooms of the Mass. Medical Society, at 4 o'clock, P. M. The annual supper, which was to have occurred to-night, is postponed one week, and will take place at the Revere House, Thursday evening, Nov. 4th, at 8 o'clock.

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AN inquest was recently held in England on the body of a child of five years, the jury returning a verdict that it came to its death in consequence of eating the berries of the mountain-ash tree.

*College of Physicians and Surgeons, New York.*—The introductory address of the winter course of lectures at the College of Physicians and Surgeons, corner of Twenty-third Street and Fourth Avenue, was delivered on the evening of the 18th inst., by Professor Willard Parker, M.D., before a very large audience. The graduates who took their diplomas numbered nineteen; were intelligent-looking, and are, doubtless, well qualified for the responsible duties of the profession.—*New York Times.*

*Bellevue Hospital School.*—At the Bellevue Hospital, on the 18th, Dr. J. W. Francis delivered the introductory oration, and Dr. James R. Wood, after a few prefatory explanations on the processes of nature in the reparation and re-production of the bony structure, performed two operations—one for the removal of the lower, the other for the exsection of the upper jaw, for disease produced by the inhalation of phosphorus in the trade of making matches.—*Idem.*

*Narcotic Injection to relieve Pain.*—A trial was lately made at the University College Hospital, London, of the plan recommended by Dr. Alex. Wood, of Edinburgh, in 1855—namely, of injecting a few drops of morphine over the seat of the affected nerve in cases of excessive local pain. In the case alluded to, the supposed remains of a rusty nail in the back of the hand were attempted to be removed, but the severe pain which had before existed continued after the operation. By means of a small syringe, about twelve drops of the solution of morphine were injected beneath the skin (the old wound having perfectly healed), close to the seat of pain. No amelioration followed; on the contrary, both immediately after the injection, and on the next day, the pain was increased.

*Cancer of the Mouth—Silver Sutures.*—A man, 52 years of age, a laborer, and an inveterate smoker, was operated on at the London Hospital, July 27th, for the removal of a cancer—a well-marked case of *buccal epithelioma*. The right side of the mouth and cheek were occupied by it, and it encroached somewhat upon the lips. The patient had ordinarily consumed as much as half an ounce of tobacco daily, and the stem of the pipe had invariably been placed at the seat of the cancer, which first showed itself ten months before, the general health being good. The edges of the wound were brought together with silver-wire sutures, union by adhesion ensued, and on the 8th of August the wound was quite healed.

*Ulceration between all the Toes of both Feet.*—A girl, 20 years old, was admitted into St. Thomas's Hospital on the 7th of September, with ulcerated surfaces between all the toes of both feet. They were tender and sore, and disabled her from walking. The ulcers commenced without any known cause, six weeks before, in the form of single blisters, which burst, the skin coming off, and a raw surface being left beneath. Small doses of aloes-and-myrrh pill, with mercury and chalk, twice a day, internally, and zinc ointment, carefully spread on strips of lint, placed between the toes as far as possible, to prevent union, were used, and an improvement was taking place. The formation of webbed toes may easily take place, in adult life, in a case like this.

A similar case recently took place, according to the *London Lancet*, in the Charing-Cross Hospital, in a little girl 5 years of age, depending upon ecthyma.

*Health of the City.*—The number of deaths last week was small. Deducting casualties, there were but 56 from disease. The correspondence between the mortality of the week, and that of the corresponding one of 1857, was striking; for that week there were 67 deaths, of which 9 were from consumption, 4 from pneumonia, 4 from cholera infantum, and 2 from casualties.

MARRIED.—At Newburyport, 20th inst., Dr. George W. Kennison to Miss Hattie A. Stephenson, of Washington, D. C.

*Deaths in Boston* for the week ending Saturday noon, October 23d, 60. Males, 29—Females, 31.—Accident, 3—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—cancer in uterus, 1—consumption, 9—convulsions, 3—cholera infantum, 3—cystitis, 1—dysentery, 1—diarrhoea, 1—dropsy, 2—dropsy in the head, 4—debility, 1—puerperal disease, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—gastritis, 1—disease of the heart, 1—haemorrhage, 1—intemperance, 1—insanity, 1—inflammation of the lungs, 1—congestion of the lungs, 3—marasmus, 2—old age, 2—pleurisy, 1—poisoned, 1—rheumatism, 1—scalded, 1—suffocated, 2—teething, 1—thrush, 2—unknown, 1—whooping cough, 1.

Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 17—between 40 and 60 years, 7—above 60 years, 8. Born in the United States, 45—Ireland, 11—other places, 4.



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## MEDICAL NOTES FROM THE CONTINENT.—UTRECHT.

[UNDER the head of "Medical Notes from the Continent; or, Sketches of the Universities, Hospitals, Lunatic Asylums and Mineral Baths of Holland, Belgium, Germany and Austria," Dr. A. Mercer Adam has given, in late numbers of the *Edinburgh Medical Journal*, some interesting descriptions of the places and institutions alluded to. We copy in full his account of Utrecht, of its celebrated medical school, and of two distinguished Professors resident there.—Eds.]

Leaving behind the indescribable smells of Amsterdam, I steamed on again by rail, through flat watery meadows—studded with sleek kine, such as one sees in the pictures of Cuyp or Ruysdael, and fenced with broad ditches in lieu of hedges—and past pleasant Dutch homesteads, which are dotted over the landscape—until the train reached the fine old town of Utrecht.

As a school of medicine, Utrecht unquestionably stands highest among the Dutch Universities, and the celebrity of several of its living professors has attracted to it much of the attention of the scientific world. The names of Schroeder Van der Kolk, Donders, Harting, and Mulder, are very familiar to every student of modern medicine, and the influence of their views has extended into all lands.

The University of Utrecht is a plain building, which was founded in 1636. It contains a fine hall, which, at the time of my visit, was in daily use for medical and other graduations. At one end of it is a high gallery, wherein musicians perform during the ceremonies of the graduations, which is gaily bedecked with flags, swords, spears and drums—trophies of the gallant part which was played by the alumni of this college, during the struggle for independence, at the time when Holland was separated from Belgium in 1830, when the students of Utrecht, and of the other Dutch universities, patriotically enrolled themselves in corps, and fought most valiantly for the defence of their country. Other banners, bearing the arms of Dutch cities, &c., adorn the walls; and high

above them all flames the emblem of the University itself—a burning sun, with the motto, “Sol Justitiæ illustra nos.” There are about 400 students, of whom 70 are medical. Each medical class costs about £2 10s. for the session, and the professors, in addition to these fees, receive about £250 each per annum from the Dutch government. In connection with the University, there is a very good anatomical museum, chiefly remarkable for possessing a large collection of well-executed wax-models. The physiological laboratory of Professor Donders is also in the University. It is fitted up with microscopes and other scientific apparatus; among these I observed the most interesting instrument called the ophthalmotrope of Ruete, which attracted much notice when it was exhibited last year at the Ophthalmic Congress at Bonn. It consists of a model of the eye, capable of moving exactly as the natural organ, and having delicately arranged silken cords attached to it behind, which act as the muscles of the ball. By means of a graduated scale, and some highly ingenious mechanism, one can see at once, by the lengthening or shortening of each cord, what muscles act in producing every movement of the eye, and to what extent, comparatively, each of them operates in these processes. The saloons containing Professor Harting’s admirable microscopical collection, immediately adjoin Donders’s laboratory. In another part of the town, Mulder, the Professor of Chemistry, has a splendid laboratory, which was expressly built for him.

Few living physiologists have a wider spread reputation than Schroeder Van der Kolk, the Professor of Anatomy in Utrecht. Though now an elderly man, he still retains all the enthusiasm of youth for the prosecution of physiological science; and when he is talking of his experiments or speculations, he warms with the subject, his manner becomes very energetic, and his face brightens up into a pleasant smile. In appearance, he is a man of about 60 or 65 years—of middle size, with iron-gray hair, and a slight stoop, from long study and bending over microscopes. I spent a very pleasant forenoon with him, seeing all his pathological and physiological preparations, about which he discoursed to me most enthusiastically in German. He showed me some finely-injected preparations, to illustrate his theory of the non-existence of veins and nerves in the centre of carcinomatous growths—the injection being seen to traverse only the arterial vessels in a section of such a tumor. The pain attending the disease is attributable, he thinks, to the cancer cells entering and destroying the substance of the nerves in the surrounding tissues. We talked a good deal of the celebrated discussion about cancer, which occurred two years ago in the *Académie de Médecine* of Paris, and he remarked that, whatever may be said to the contrary, the microscopical diagnosis of cancer is not to be sneered at as an impossibility. He thinks, however, that in making a histological diagnosis of carcinoma, we should look for the cancer cells in the tissues immedi-



ately adjoining as well as in the suspected growth itself. Of Professor Hughes Bennett's Researches into Cancer, he spoke in terms of unqualified commendation; and, in common with all the continental physicians with whom I have conversed, he entertains the highest admiration of the efforts which have been made by Dr. Bennett to establish in England an improved system of medicine—founded on a scientific rational basis, and in which it is sought to reconcile correct diagnosis and successful treatment with the most advanced views of modern physiology and pathology. And all honor, say I, to such men as Van der Kolk, Donders, Kölliker, Virchow, Claud Bernard, Hughes Bennett, and others, for the impetus they have given to the culture of rational medicine. Although we may be unable, as yet, to deduce from *all* their investigations, theories of disease or modes of treatment superior to those which we at present possess, still there cannot exist a doubt that, *eventually*, all scientific medicine must be established on a rational basis of improved systems of physiology and pathology. "Without a rational basis," says an eminent writer, "the physician is only a bungler; and without a thorough knowledge of the empirical part of science, he deprives himself of many useful weapons for combating disease."\* The wise physician will always try to adopt for his practice methods which are at once scientific and successful, basing all his treatment upon the sound foundation of rational medicine; he will ever eagerly hail all that is *true*, even though it may wear the dress of novelty, and may on that account be condemned by professional conservatism as unworthy of acceptance; but, at the same time, he will never lose sight of the "good old paths," or forget that practical knowledge, which has been gained by the accumulated experience of the wise and good men of the past. And thus will the scientific physician try to combine, in his treatment, all that is trustworthy and valuable in rational medicine and in empiricism; while he who neglects to do so, reduces medicine to the level of a trade, and fails in discharging that duty, which Bacon has well observed "every man owes to his profession." For truly, in the words of the German poet:—

"Das sind die Weisen  
Die durch Irrthum zu Wahrheit reisen;  
Die bei Irrthum verharren,  
Das sind die Narren."†—*Ruckert*.

The influence which the nerves exercise on the inflammation process has long attracted the attention of physiologists. Some years ago Van der Kolk divided the nerves in the limb of a rabbit on one side, and afterward fractured the bones of this, and also those of the sound limb. He found that osseous union occurred normally

\* "Ohne rationelle Basis ist der Arzt ein Pfücher. Aber ohne durchgreifende Kenntniss des empirischen Theils der Wissenschaft beraubt er sich selbst mancher nützlichen Waffe gegen die Krankheit."—*Canstatt*.

† They are Wise, who travel through Error to Truth—but they are Fools, who ever cling to Error.

at the site of the fracture in the sound limb, but that in the one whose nerves were divided, fungous degeneration of the bone occurred at the spot of the lesion. The preparations of this experiment he showed to me. Later researches have been directed to the same subject; and ever since Ludwig pointed out the influence which excitation of the nerves exercises upon glandular secretions, physiologists have been trying to discover whether inflammatory exudations might not also be dependent upon the influence of the nerve fibres in other tissues. Thus Spiess (*Zur lehre de Entzündung*, 1854) conjectures that by the influence of the nerves in the walls of the bloodvessels, the exudation of serum is occasioned in inflammation. And ever since Bernard made the important discovery, that division of the sympathetic nerve in the neck is followed by paralysis of the vessels of the head, numerous investigators, such as Brown-Séquard, Budge, Donders, Kussmaul, &c., have been engaged in ascertaining the influence which the nerves exercise over the circulation. Some very important experiments, to determine the influence of the nerves on inflammation, have recently been made in Utrecht, by Dr. Snellen, the assistant of Prof. Donders, who informed me of all his results, some of which I may mention. After numerous carefully performed experiments on the ears and limbs of rabbits, he found that irritation of the sensory nerves of a part is followed by increased reflex action of the nerves supplying the vessels of that region, occasioning spastic contractions of the walls of the vessels. This condition of spastic contraction is afterward succeeded by one of dilatation, caused by paralysis of the walls of the vessels. He looks upon the nerves supplying the vessels as only governing the contractions of their walls, and as only influencing the processes of absorption and exudation, by diminishing or enlarging the calibre of the tubes. He found that division of the sensory nerves of a part did not perceptibly influence the course of an inflammatory process established there artificially; but that division of the fibres of the vaso-motory or sympathetic nerves of the part, although it did not materially alter the course of the inflammation, greatly promoted the absorption of exudation, and consequently shortened its duration. He looks upon this increased facility of absorption as owing to the expansion and consequent thinning of the walls of the vessels, occurring during the state of congestion which follows the paralysis of the walls, consequent on the division of the nerves. Another important result of Dr. Snellen's researches, is more accurate information as to the influence of the trigeminus nerve on the eye. It is well known, that when this nerve is diseased, or artificially divided, we have opacity of the cornea, which in most cases goes on to keratitis, with perforations or atrophy of the eye. Valentin, Longet, Budge, Schiff, Graefe, and others, have experimented concerning this, and they have all been of opinion that the inflammation was due to the trophic influence of the Gasserian ganglion;



while Axmann has pointed to this condition as a proof of the truth of his theory, that the nourishment of the tissues is dependent on the ganglio-spinal nerves. But Snellen has successfully demonstrated, that if the eye, deprived of feeling by section of the trigeminus, be very carefully preserved from all *external* sources of irritation which might excite inflammation, no keratitis will occur; hence he argues, that the keratitis following section of this nerve is always traumatic, and dependent on inflammation excited by external injuries received by the insensible cornea, rather than on any trophic influence of the Gasserian ganglion.

I have already alluded to Schroeder Van der Kolk's new views concerning the pathology of epilepsy. He considers that epileptics are divisible into two classes, viz. (*a*) those who bite the tongue during the attack, and (*b*) those who seldom or never do this. Now, he has found that, in the first class, the capillary vessels of the corpus olivarium are widened in the course of the hypoglossal nerve; and that, in the second, they are enlarged in the track of the vagus, which may account for more labored respiration in those who do not bite the tongue. The walls of the enlarged vessels become thickened, exudation occurs, together with softening of the substance of the olivary body, so that he regards epilepsy as a reflex action from the ganglionic cells of the medulla oblongata. To illustrate this, I give the measurements of the capillaries which the Professor told me he had found in (A) those cases where the tongue is bitten, and in the others (B) where this does not take place.

AVERAGE WIDTH OF CAPILLARIES.

|                      | In track of<br>Hypoglossus. | In Corpora<br>Olivaria. | In<br>Raphé. | In Vagus<br>Track. |
|----------------------|-----------------------------|-------------------------|--------------|--------------------|
| A.—In tongue biters. | 0.306 m.m.                  | 0.315 m.m.              | 0.355 m.m.   | 0.237 m.m.         |
| B.—In non-biters.    | 0.210 “                     | 0.217 “                 | 0.300 “      | 0.348 “            |
| Difference.          | × 0.96 A.                   | × 0.098 A.              | × 0.055 A.   | × 0.111 B.         |

Such are Professor Van der Kolk's views of the pathology of epilepsy; but he does not offer them dogmatically, and himself admits that the question needs much patient inquiry to enable us to decide with certainty on the point. Meanwhile let me take this opportunity of directing the attention of English physicians to the subject, in order that they may repeat the investigations of this eminent Dutch physiologist.

I have said that Van der Kolk, in his mellow age, has the pleasure of knowing that ere he dies his merits are acknowledged, and his fame European. It is Professor Donders, however, who is now the man of most hope and promise in Utrecht; and to whom, consequently, most of public attention is directed. Like Simpson, Scan-

zoni, and many other eminent men, he has earned a wide reputation while yet comparatively young; and his skill as an oculist attracts thousands of patients yearly to Utrecht, to be under his care. Professor Donders is about 40 years old—rather tall, well built, and of very dark complexion; he has a quick piercing black eye, which seems at once to get at the root of a matter, and he has a frank manner, and a winning smile, which irresistibly inspire complete confidence in his skill. He has given an immense stimulus to physiology, by his unwearied labors; and his great enthusiasm, and his invariable courtesy, have rendered him a great favorite with the Utrecht students. The medical literature of Holland is under deep obligations to him; for he was not only one of the principal supports of the *Nederlandsch Lancet*, during the existence of that periodical, but, since its decease, he and an Amsterdam physician have commenced a new medical periodical, in which henceforth the contributions of the Dutch medical men will be published in German instead of Dutch, as being a more generally understood language. I subjoin its title in a foot-note, for the benefit of those who may feel interested in the matter.\*

I remained in Utrecht for some time, to see as much as possible of Donders's practice in diseases of the eye; and I was shown every kindness by him, being taken to see operations, &c., among his private patients, and being admitted at all times to his ophthalmic hospital. I have never seen a better operator than Donders in cases of cataract and artificial pupil, and his diagnosis in eye affections is peculiarly rapid and correct. In most cases of interest, as in glaucoma, &c., he uses Helmholtz's eye speculum in making a diagnosis.

#### A CASE OF EXTROVERSION OF ALL THE ABDOMINAL VISCERA.

[Communicated for the Boston Medical and Surgical Journal.]

BY WALTER CHANNING, M.D.

THIS is one of the very few cases which have occurred in my practice in which conception has been accompanied by signs which have made that condition certain to its subject. In one other case I was engaged to attend a lady in her expected labor on the 4th of July. The day came, and so did a message to visit her immediately. In the present instance, successive conceptions were known to have happened, and in which the times of delivery, after forty weeks exactly of pregnancy, were literally fulfilled.

Mrs. — was in her third pregnancy, and I was engaged to attend her. This time the calculation had failed, labor beginning between one and two months sooner than it should have done.

\* Archiv. für die Hollandischen Beiträge zur Natur und Heilkunde, herausgegeben von Donders in Utrecht und Berlin im Amsterdam.



An inquiry was accordingly made into the circumstances attending this pregnancy. Mrs. ——— stated that she was as sure of the moment of conception as in her former pregnancies. The evidence was asked for. In answer, she stated that they were the same she had formerly related to me. The signs of the function in question are loss of vision, dulness of hearing, and various constitutional disturbances which it was not easy to describe. They do not amount to a suspension of consciousness, but this was unlike any other experience. In its entire novelty, its strangeness—uneasiness, hardly pain, was now present. The mind seemed to be most disturbed. This was precisely the account of what she had before experienced.

But labor was present. What had produced the deviation from what had before occurred, and, in the other cases, marked the time of delivery? Mrs. ——— said she had been in an entirely different state, during this pregnancy, from that by which former pregnancies had been characterized. She was much larger than in either of the others, was embarrassed and crowded, and oppressed by her size. The motions of the fœtus were wholly unlike those felt before this. There was no distinct feeling of limbs striking the womb, but a rolling, heavy movement, which she could not explain. It was all entirely new. I do not recollect any case in which symptoms were so clearly described, or in which the imagination had so little concern. Facts were given in the simplest manner, and the causes earnestly asked for.

The labor was very slow. The os uteri dilated very gradually, remaining of its natural firmness while contractions were strong. The womb had begun to act before the motive cause, dilatation, or, better, *dilatability*, had declared itself. I exclude *rigidity* entirely from the explanation of closed os uteri, during the presence of natural, regular, uterine action. The womb is acting *irregularly*, and from some other cause than rigidity of its os. *Labor has not begun*. Its action is misplaced, and false. My visit was a short one. It was repeated in the evening. No progress. Next morning the same. Dilatation began, and now the membranes could be felt. These were greatly distended during action. In their flaccid state, very careful examination did not enable me to reach any portion of the fœtus. In the middle of the night, nausea occurred. It was sudden and strong. Mrs. ———, while sitting up in bed, vomited violently three times. During the last throw, a discharge was felt from the vagina, and Mrs. ——— exclaimed that the water was coming away. She laid herself down, and I made an examination. Uterine action was present, and the membranes were found entire and the os fully dilated. The discharge was blood, and was profuse. I broke the membranes at once, and a deluge followed. The head came down. The hæmorrhage ceased. Labor advanced rapidly. The head was born, and the arms, with a part of the trunk. Here progress

ceased. The hæmorrhage was renewed. For a moment I could not reach the cord, and, when I did, it was found of scarce any length, certainly not more than an inch and a half, and having a feel which was new to me. By a lamp, I saw passing down from the pit of the stomach, and covering what I supposed the walls of the abdomen, a large, very firm, deep red mass, and in the small space between it and the pit of the stomach, the heart was seen strongly beating. There was no effort at respiration. The cord was at length found, or what seemed it, and the finger passed through with much difficulty between it and the external organs. It was tied. Delivery was soon accomplished. A large quantity of liquor amnii accompanied it, and immediately afterward there was profuse hæmorrhage. The placenta was taken from the womb, and the flow diminished. It continued, however, to an embarrassing extent for some time, and this notwithstanding the firm contraction of the uterus. At length it ceased, and the patient being arranged in bed, the child and placenta were removed to another room for examination.

The placenta seemed twice as large, in extent and thickness, as any before examined. The nurse thought it would weigh six or seven pounds. The convolutions were strongly marked. Its large size was mentioned to Mrs. — by the nurse. When sufficiently recovered, some days afterward, Mrs. — asked me what the explanation might be of its great size. I had none to offer, or any which satisfied my patient. She then said that all the signs of conception had occurred the night succeeding those of the first conception, and she supposed she was to have twins, and asked if the failure might not account for the double size of the placenta, and the double quantity of water, and also for the imperfect state of the child. This question at least shows how much thought was occasioned in Mrs. —'s mind by the circumstances of her pregnancy, and the condition of the child when born, and I confess no better views of causation occurred to me. The placenta was examined, that the origin and state of the cord might be ascertained. It arose from the edge of the placenta, and running a short, very short distance, entered the right edge of the walls of the abdomen, and disappeared at once behind the extruded liver.

The fœtus. It was not weighed, but was supposed to weigh between five and six pounds, nearer six than five. Its head was of good size and form. The extremities appeared natural in size, but the toes were turned to the back, and the heels looked forward. The dark, firm, red mass lying broadly over, or, as was said, upon the walls of the abdomen, was found to be the liver, there being no walls of the abdomen—no abdominal *cavity* at all. This organ occupies much of the fœtal abdominal cavity; but in this case it shut from view all the organs which in a normal state occupy it. Upon raising the liver, there was seen, under its right portion, a very large kidney; the left kidney was rudimentary



only. In the left hypochondrium, was a large rounded sac, occupying the place of the stomach, and was found to be that organ, a small but well formed spleen being attached to it in its natural place. This sac was very thin, of a light color, that of healthy serous tissue, and contained a light-colored water-like fluid. The arrangement of the small intestines was unlike any I had before seen. They were perfectly healthy, white, polished. The mesentery occupied a central position, while the intestines themselves formed a complete circle around it, representing a perfect ruffle, with its plaits regularly, I had almost said beautifully arranged. The heart was very small, and was found lying in the epigastrium, where it was beating at birth. The thorax was flat, so compressed, from before backward, as to offer no cavity. There was no urinary bladder found, no anus, and no organs of generation. Both of these were sought for carefully—the places they occupy having been made perfectly clean.

It was said above that much blood was lost in this labor. Mrs. ——— was not for a moment faint, but complained of unusual and entire exhaustion. The pulse did not fail; but it intermitted after a manner never observed before by me under similar circumstances. She had never suffered from any heart trouble, either physical or emotional, being of very strong and well-developed mind—always firm and cheerful, and not apparently depressed or oppressed by her low state. The intermissions of pulse occurred for the most part after four beats; sometimes less frequently, but were perceived all night, and less frequently through the next day. Her convalescence was slow—slower than after any previous labor. The breasts were loaded with milk, and caused great pain from weight and distension. On the second or third day, they were drawn, and, immediately after the operation was done, the milk began to flow away spontaneously and profusely, making it impossible to keep person or bed dry. Mrs. ——— felt sure that this flow was produced by clearing the openings of the milk vessels in the nipples, which followed the drawing of the breasts, and hoped I would remember it. During the depression which followed delivery, stimulants were freely given, and with excellent effect, as set forth by the patient; and it was thought necessary carefully to watch her for an unusually long time after delivery. She had a perfectly good, though slow convalescence.

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*Artificial Dilatation of the Larynx in Croup.*—Much discussion has of late taken place at Paris respecting a bold measure in croup—viz., actual catheterism of the larynx and trachea, followed by caustic injections, proposed and successfully practised by M. Loiseau, of Montmartre, near Paris. This operation is to prevent the necessity of tracheotomy, and has been warmly supported by M. Trousseau, in a report presented by this physician to the Academy of Medicine.—*London Lancet.*

## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 13th.—*Ascites in connection with Acute Inflammation of the Vena Porta.* Dr. JACKSON reported the case, which had been lately under his care.

The patient was an Irish laborer, æt. 48 ; large frame ; health robust ; moderate drinker. Entered the Hospital June 22d, and reported that, having wet his feet three weeks previously, swelling of abdomen came on the same night, and increased from that time, with œdema of the lower extremities. There was also dyspnœa from swelling. Very slight cough “caused pain in the epigastrium,” a symptom that may probably have been connected with the inflammation of the vein, but if so, it was the only one noticed. For a week before the abdomen swelled, the urine was high colored, and diminished in quantity one half. On July 27th, nearly twelve quarts of serum were drawn from the abdomen. He gradually sank, and died August 11th. On dissection, six pints of serum were found in the peritoneal cavity. The liver weighed two pounds eight ounces, presenting a marked case of “cirrhosis.” The splenic branch of the vena porta was completely plugged up ; quite soft, grumous coagula existing in the trunk ; the mesenteric branch was not affected. This last, Dr. J. remarked, was a curious negative fact in connection with the ascites ; the obstruction in the trunk of the vein being very partial. Complete obstruction of the great veins is so often seen without serous effusion, that the ascites might be regarded as a mere coincidence of the phlebitis if it had not come on so suddenly. The spleen weighed 14½ ounces, but was by no means so large as it is occasionally seen in connection with cirrhosis, and yet, as just stated, the vein was quite closed.

SEPT. 13th.—*Hepatic Abscess, communicating with the Right Lung ; Operation ; Discharge of twelve pints of Pus.* Case reported by Dr. G. H. GAY.

Mr. P., æt. 53, states that for the last two years he has not observed anything worthy of remark as to his general health, except a feeling of considerable numbness and stiffness in the left hypochondriac region, which entirely disappeared when the right side was attacked.

The color of the skin of the face was more or less of a yellowish hue, so that in common language he would be said to “look bilious.”

The present sickness dates from June 25th, 1858, and, as he thinks, was caused by taking cold.

The first prominent symptom was a fixed, pretty severe deep-seated pain in the lower part of the right thorax in the hypochondriac region, about the situation of the eighth and ninth ribs. The pain has been constant at that point. Some time after the commencement of the pain, there was noticed œdema of the lower extremities, of the abdominal parietes, and also ascites, extending above the umbilicus. The skin of the face became more yellow, though it was never of a very deep color.

During the first part of July, rigors were frequent, coming on regularly in the after part of the day, for a week or more. The pain and distress in the side increased. The ascites and œdema were somewhat reduced by appropriate internal remedies. In the latter part of



July, a difficulty in breathing was experienced, and a dry hacking cough commenced. There was shortly a mere frothy expectoration, slight in quantity, which soon became mostly mucus. As these pulmonary symptoms were more fully developed, the pain in the side was more and more intense, radiating from the point of origin and extending through most of the right chest. As the dyspnœa increased, there was also a feeling of uncomfortable fulness in the region where the pain commenced. These symptoms were temporarily relieved by hop fomentations. Coughing and any pressure on that side aggravated the distress. The most comfortable position for the patient was on the right side and propped up, and, when out of bed, leaning over a chair.

About this time, as well as the patient can remember, a small swelling, of the size of an orange, was observed on the external part of the right thorax, situated nearly in the region of the fourth rib, and two inches or more from the sternum. This seemed to increase daily, and with its increase a diminution of the difficulty in breathing was noticed.

By auscultation, no breathing was heard in the lower half of the right lung, which gave a flat sound on percussion. There was never any rusty-colored expectoration, nor any particular pain in the spot where the swelling commenced, externally, at the fourth rib.

Between the second and third week of August, the pain in the hypochondriac region was more severe, lasting and throbbing. In the first part of the third week of August, there was a distressing and long paroxysm of coughing at 5, A.M., and all of a sudden there was an expectoration of a large quantity of pus. It came so fast, and in such quantity for an hour, as nearly to choke the patient. There was then an interval of rest, when the coughing returned, and at 10, A.M., he had raised over three pints of yellowish white pus. From that time there has been daily more or less coughing, and the average amount of expectoration has been a common spit-cup full in twenty-four hours, of a mixture of pus and mucus. The external swelling, which had become very large, tender and painful, did not appear to diminish any after the free expectoration. By auscultation, at this time, gurgling was heard, as from a large cavity. At the commencement of the fourth week of August, there was a very firm œdema over the seventh, eighth and ninth ribs, with redness and tenderness of the skin. The pectoral swelling was also very tender. The first time that Dr. G. saw the patient, Aug. 27th, 1858, in consultation with Dr. Windship, the skin of the face was very yellow, the countenance anxious and distressed, and the respiration labored and hurried. By percussion, there was flatness over nearly two thirds of the inferior part of the right thorax. The respiratory murmur, if any, was masked by the strong impulse of the heart's pulsations. The pulse was from 120 to 130, and much stronger than might be expected under the circumstances. There was a general œdema of both lower extremities, of the abdominal parietes, and of the right side of the thorax, as far up as the fifth and sixth ribs. The abdominal cavity was moderately distended with liquid. The inferior edge of the liver could not be felt on account of the general anasarca condition, nor was there any special fulness at that region to indicate any unnatural swelling or displacement of that organ.

Along the outer part of the right hypochondriac region, more par-

ticularly about the seventh, eighth and ninth ribs, was a diffused redness and swelling of the skin, very painful and tender to the touch. At this part, and a little lower down, there was a distinct feeling of *deep fluctuation*. The skin was partly adherent and partly movable. It was not deemed advisable to operate at that time, as the skin was not fully adherent.

The swelling in the mammary or pectoral region was daily enlarging, being now nearly the size of an infant's head, regularly round, tense, tender to the touch, and fluctuating. The liquid seemed to be just beneath the skin, which was of its natural color. By gentle and continued pressure on the swelling, it entirely disappeared, and an opening could be distinctly felt between the fourth and fifth ribs, leading into the cavity of the chest. As the liquid disappeared from this point, a rising up of the hypochondriac swelling was seen, showing a communication between the two along the cavity of the chest. After pressing upon and emptying the mammary swelling, it would slowly rise up again, like erectile tissue. This emptying of the swelling, when slowly and gently done, did not cause much uneasiness to the patient, except from the tenderness, and sometimes a slight coughing.

At no time during the sickness had there been any nausea or vomiting. The bowels generally were costive, and the urine dark colored.

A large flaxseed poultice was directed for the hypochondriac swelling, and, on the 30th, all the symptoms being more severe, the redness more extended and the fluctuation more superficial, an opening was made, two and a half inches long, in the most prominent portion of the swelling. There was an immediate and profuse discharge of thick yellow pus and some small sloughs, amounting in about five minutes to *twelve pints*, by measurement. The mammary swelling instantly subsided, and a hole was felt passing into the chest, large enough to admit easily the ends of two fingers. The patient expressed great relief, and there was no feeling of exhaustion, nor any perceptible change in the pulse. Stimulants were administered and advised, together with a free nourishing diet.

The operation was done with the patient in his usual position, propped up and resting on his right side.

In recapitulating the symptoms will be found—a fixed, constant and deep-seated pain in the region of the seventh, eighth and ninth ribs; œdema of both lower extremities and ascites; rigors coming on soon after the attack, mostly in the after part of the day; *a continuance of these symptoms for a month without any pulmonary affection*; then dyspnoea, a dry hacking cough, and soon after an expectoration of mucus—mucus and pus; increase of the dyspnoea and of the pain in the hypochondriac region, which radiated through the chest; the appearance, externally, of a swelling near the mammary region; a more severe and throbbing pain a few days previous to the sudden expectoration of three pints of pus; the continued enlargement of the mammary swelling; soreness, redness, swelling and fluctuation in the hypochondriac region; an evident communication of the mammary swelling with the hypochondrium, through the interior of the thorax; the profuse quantity of pus after the operation, and the immediate subsidence of the mammary swelling.

Stimulants and a free nourishing regimen were advised to be continued. The relief after the operation was very great, and the pulse and strength have much improved. There is scarcely any cough or



expectoration. The wound discharges from one to two pints of pus daily. There has been no sign of the mammary swelling since the operation. By percussion, the flatness extends over a much smaller surface, and there is a freer action of the lungs in the respiration. The dyspnoea has almost gone. Although the patient's general symptoms are better than might be expected, still it is impossible to say at present what the result will be, the prognosis being, in the vast majority of cases, a fatal termination.

Oct. 28th.—Heard, to-day, that the patient died Oct. 24th. The cough had entirely ceased till a week before his death. The discharge from the side was about a pint daily. A week ago, the discharge was not free from the wound, when the cough re-commenced and continued till death. No *post mortem* could be obtained.

Dr. C. E. WARE mentioned, in connection, the following case, which bore resemblance to that reported by Dr. Gay. The patient came into the Hospital, where he first saw him. The affection came on like pleurisy; there was flatness, and absence of respiratory sound over the whole right chest, the left presenting nothing abnormal. There was œdema of the upper and lower extremities, moderate cough and copious purulent expectoration, amounting to a pint a day. The patient's health was gradually failing. He was tapped on the right side, at a point about two, or two and a half inches outside, and one inch below the nipple, and a large quantity of pus discharged. The lung immediately expanded, giving a sub-crepitant râle, and returning respiratory sound. There was also a cessation of the purulent expectoration. The œdema also subsided and the other symptoms were relieved. The pus again collecting, however, recourse was again had to tapping, and with like results. She was tapped a third time, and the canula allowed to remain, which it became necessary to remove on the third or fourth day, on account of the irritation produced by it. The œdema did not again return, but the dyspnoea was not so much relieved as in the former operations. A fistulous opening still remains, which constantly discharges. The respiratory sound is gradually returning, although the patient has not gained much in flesh or strength. The amount expectorated daily is about an ounce and a half. There had been suppuration of one of the lymphatic glands of the neck, but there is no evidence of tubercle.

With regard to abscess of the liver, Dr. JACKSON said that he had been struck, in some cases that he had seen, with the absence of local symptoms, and alluded to three cases in illustration. The first was that of a patient at South Boston, who was ill for three or four weeks, with supposed typhoid fever, disease of the liver not being once suspected. On examination after death, a large abscess of the liver was found. No other disease was found. (See *Soc. Rec.*, Vol. I., p. ) The second case occurred at the Hospital, about a year ago; an abscess opening through the diaphragm, and communicating with the lung. There was never any yellowness of the skin, nor were there any symptoms indicative of abscess of the liver. The third case was that of a naval surgeon, which occurred some years since. The patient was ill for a long time, and had great enlargement of the right side, and purulent expectoration, but no special hepatic symptoms. In this case, the abscess opened through the diaphragm, and after death the lower third of the right lung and pleura was found broken down.

Dr. J. further remarked, that in case of inflammation about the base of the right lung, yellowness of the skin sometimes occurs; and, on the other hand, that abscess of the liver might probably commence with symptoms of pneumonia or pleurisy.

Dr. PUTNAM remarked that he saw a case of abscess of the liver in a seafaring man, some time since, in which there was no jaundice a fortnight before death. Three quarts of pus were found in the centre of the liver.

Dr. STRONG mentioned a case of this affection, that of a patient lately returned from the East, in which the symptoms were such as to leave no doubt as to the seat and nature of the disease. There was pain, and the abscess pointed and discharged. The patient sank and died; and, on examination, the abscess was found to occupy the large lobe. The symptoms were all referrible to the liver.

Dr. JACKSON alluded to a case of chronic abscess of the liver, in connection with ulceration of the large intestine, that he saw many years ago in a man who had contracted diarrhoea in the tropics, and which abscess would be considered by some as metastatic.

[A case of abscess of the liver, together with chronic diarrhoea, was reported to the Society many years ago by Dr. Channing, and is to be found in the first volume of the Boston Medical and Surgical Journal, page 628, in which the diarrhoea lasted three months and a half; and, after death, extensive ulceration of the large intestine was found, and in the posterior part of the liver an abscess containing 3viij. of pus. In this case "no symptom of disease of this organ was discovered during life by the minute investigation which was made into the state of the abdominal viscera; nor did the general aspect of the patient excite a suspicion of latent disease of this organ."—SECRETARY.]

SEPT. 27th.—*Nursing after the Operation for Hare-Lip.* Dr. WARREN said that some years since he had advocated, in this Society, the propriety of allowing the child to nurse after the operation for hare-lip, and had shown, by a number of cases, that this could be done without endangering union of the parts. Since that time he had followed this practice, and allowed all the patients, who were able to nurse, to do so. The advantages were, the greater quiet of the patient, and the less liability to disturbance of the bowels which almost always follows the change of diet, and which once or twice he had known to proceed to such an extent, as to defeat the operation. Dr. W. further remarked that he still preferred the suture to the needle, the latter, in spite of the greatest precaution, almost always leaving an ulceration, and being more troublesome to withdraw. On examining the interior of a hare-lip, after the skin has been approximated by sutures, Dr. W. said that a gaping wound will almost always be found, and one edge, generally the outer, projecting much beyond the other. The consequence is, a long delay in union, after every thing externally appears sound. To obviate this, he had been in the habit, after making the lower suture, and before cutting off the ends of the threads, to evert the lip with them, and make a suture on the inside. These threads being now cut off short, the suture takes care of itself. For dressing, he had generally used a bit of wet linen, of a single thickness, the edges being unravelled, so as to make it, when moistened, the more adherent to the face—this should be frequently removed by the mother when it becomes dry, and restored. It almost entirely prevents the suppuration about the stitches.



SEPT. 27th.—*Stone in the Bladder, apparently congenital; great Suffering; Stone Adherent; Lithotomy; Cure.* Case reported by Dr. J. MASON WARREN. The boy was 14 years old, born in Rhode Island, of Irish parents. Almost from his birth, he had had symptoms of trouble in the bladder, which had increased as he grew older. The symptoms were difficulty in voiding urine, occasional passing of blood, and paroxysms of great pain, latterly producing a kind of convulsion, in one of which Dr. W. saw him taken, when he first visited him. The violent attacks had a periodical character, coming on once or twice a year, and lasting two or three weeks at a time. At other times, he had comparative ease, although never entirely free from pain. The boy was rather small of his age, but well nourished, considering the amount of suffering he had undergone; the urine passed away continually. The patient was etherized, and a stone was at once detected; but at this, and at a subsequent examination, it was necessary to elevate the beak of the instrument to the fundus of the bladder, in order to detect it, which was subsequently explained by its being found adherent at this point.

The bilateral operation was performed, and the cut made in the bladder by Dupuytren's double lithotome. The finger being passed into the bladder, detected the stone at its upper part, enveloped apparently in its folds. A polypus forceps was introduced, its edge seized, and the stone pulled to the neck of the bladder, but could not be drawn out. Supposing this to be owing to the size of the stone, the incision in the prostate gland was enlarged, but without effect—the stone still resisting all efforts at extraction. A large pair of French forceps were now passed in, and the stone being well grasped, assisted by the finger in the bladder, it was without much force extracted. It proved to be a mulberry calculus, of the size of a horse chestnut, the exterior half of it being covered with a membranous envelop, which at first resembled the mucous coat of the bladder, but which afterward proved to be fibrinous. A bit of elastic catheter was placed in the bladder, and allowed to remain until the third day. The patient was at once relieved from pain by the operation, and was well in two weeks.

The apparently congenital calculus; the severity of the pain; the nature of the calculus, which was of the hardest and roughest kind, being sawed with the greatest difficulty; the adherence of the stone to the bladder, instances of which are extremely rare; together with the entire and almost instantaneous relief from pain and other symptoms after so long a period of suffering, are facts well worthy of note in this case.

The two following cases were reported to the Society by Dr. J. M. WARREN, one at the meeting of April 12th, and the other on June 28th.

*Colloid Disease of the Rectum.* Dr. W. showed the specimen, which was quite a rare one. The patient was a gentleman, 70 years of age, and, until within a few years, had enjoyed uninterrupted good health. He was first seen about six months ago, in consultation, when, both by the touch and with the speculum, a mass of colloid matter was found, having entire possession of the rectum, being most developed on the side of the prostate gland. At first, it was difficult to distinguish in what direction the feces passed through the mass, but after a time an opening, which admitted the finger, was found in the back part of it. The patient was free from pain, and his principal trouble

was an almost constant desire to evacuate the bowels, when a quantity of highly foetid substance, with a gangrenous odor, was discharged. This was alleviated by opiate enemata. The patient gradually lost strength, and as the physical powers were reduced, the mind seemed to fail, just enough to take away almost entirely the terrors of the slow death which was impending. The immense and continued discharge of serum from the bowels depressed the patient like the loss of blood. For a week or two before his death, faecal matter passed through the urethra. During the whole course of his disease, he never experienced a moment of what may be called pain. On examination after death, the whole rectum was found occupied by a mass of colloid disease. At the upper part of the rectum an aperture had been made by it into the bladder, which organ was contracted to the size of a hen's egg, and its interior coated over with a phosphatic deposit, so as entirely to conceal the mucous lining. The specimen shown to the Society was very much shorn of its proportions, from the impossibility of preserving the delicate tissue, like boiled rice or sago, which at once became detached from its internal part. Dr. Jackson took charge of the specimen to preserve.

*Amputation at the Hip-Joint.*

Dr. W. mentioned the case as an interesting one, from the fact of its being the first one ever done at the Hospital, and, so far as he knew, in Boston. The patient was a child, 6 years old, and was first seen by him on the 19th of June, at three o'clock, having been injured about two hours before. He was sitting on the curb stone of the sidewalk, when a truck wheeled round against him, crushing his limb against the stones. His injury at first was not detected; being lifted up by some passer-by, and placed upon his feet, not being able to support himself, he fell, and received, in addition to his other injuries, a violent blow upon the forehead. When brought to the Hospital, his state was as follows. He was quite faint, countenance livid, pulse small. The integuments of the thigh, near the hip, were nearly cut through by a semicircular wound, and on the outside a deep wound in the muscles communicated with the bone, which was fractured obliquely, and denuded nearly up to the joint. As the blood was flowing from this extensive wound, the case admitted of no delay, and amputation was at once proceeded to. The boy was first stimulated with as much spirit as he would bear, and ether was administered, which at once brought up the circulation. The limb was now separated at the fractured part, Dr. Shaw compressing the artery. Dissection was next made at the side of the bone, which was disarticulated with difficulty, both from the anatomical relation of the parts, these being obscured by ragged muscles, and, more especially, from the remaining portion of the femur being too short to be easily controlled in effecting the disarticulation. The capsule was, however, opened, and the bone dissected out with but little delay. The boy at this moment became deadly faint, and was only restored by using frictions of brandy and ammonia, the latter being applied also to the nostrils. He was likewise suspended by the remaining leg, so as to throw the blood to the brain, and under this treatment soon revived, although at one moment he seemed to be dead. The vessels were now tied, and the wound temporarily dressed. Just as this was finished, he a second time came in peril of his life. As is often the case with patients recovering from ether, he seemed disposed to vomit, and



in fact a basin was held, and he threw up quite a quantity of liquid substance. Immediately after this, he fell back as if exhausted, a cold sweat came over him, and the respiration and pulse ceased. The frictions, and other means for restoring suspended animation, were at once again resorted to, and Dr. W. proceeded to pass the finger into the mouth for the purpose of raising the epiglottis and making a passage for the air into the windpipe, and there encountered a mass of solid potato-like substance, with which, on further investigation, the whole mouth and fauces were found completely blocked, so as entirely to exclude the air, and almost suffocate the patient. The teeth had allowed the liquid contents of the stomach to pass between them, but had acted as a strainer to retain the solid matters in the mouth. The mouth being now cleared, and artificial respiration set up, the child gradually commenced to breathe, and in the course of half an hour was in a viable state. At nine, P.M., the limb was dressed, and he was taken to his bed in the ward of the Hospital. The patient lived thirteen days, and received during this time the most unremitting care from the nurse in charge of him, and from Mr. Dyer, the House-surgeon of the Hospital. The stump during this time became quite sloughy, and one or two abscesses formed in the groin. The whole wound, however, finally assumed a healthy appearance, and when there appeared to be every prospect of his having gone safely through the most dangerous part of the trial, he suddenly fell off, and died nearly a fortnight after the reception of the injury.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 4, 1858.

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ANTAGONISM OF OPIUM AND SULPHATE OF QUININE.

WE notice, in a late number of the *Union Médicale*, some views of M. Gubler, physician to the Boujon Hospital, at Paris, respecting the reciprocal effects of opium and the sulphate of quinine. These effects he believes to be antagonistic, and hence recommends that they should never be given simultaneously, unless one be intended to act as an antidote to the other. The attention of M. Gubler was first drawn to the subject by observing that the specific effects of quinine, given in a large dose (upward of twenty grains), in a case of acute rheumatism, were absent. The patient took at the same time about five grains of the extract of opium. Thinking it possible that the two medicines neutralized each other, he increased the dose of quinine, and at the same time diminished that of the opium. No particular effect was noticed. Finally, he omitted the latter drug entirely, and prescribed the alkaloid alone, in the original dose, when its peculiar effects became promptly manifest. Similar results observed in other cases have confirmed M. Gubler in the belief that these medicines are antagonistic to each other.

The explanation of this effect, if it be a constant one, is, according to M. Gubler, as follows: the opium introduced into the system produces the symptoms of cerebral congestion; the pulse and temperature are raised, the skin becomes moist, the face is flushed, the pupils

are contracted, and either profound slumber or delirium follows, according to the dose taken. A partial congestion of the brain being the physiological cause of sleep, he concludes that opium produces that symptom by causing such congestion. The peculiar effects of quinine, hitherto attributed to congestion, are really due, according to M. Gubler, to an opposite state of things, or cerebral anæmia, the symptoms of which are vertigo, tinnitus, deafness, &c. Hence, those who take large doses of this medicine are peculiarly liable to syncope, and to sleeplessness, and hence the good results following its employment in meningitis, and cerebral affections of a congestive nature.

How much truth there may be in these views, can only be ascertained, we think, from more extended observation. The subject is one of sufficient interest to make it worthy of investigation, and every one has an opportunity of trying the experiment. So far as a single case goes, we have recently met with a confirmation of Dr. Gubler's opinion. A patient had been taking the sulphate of quinine for sciatica, in the dose of two and a half grains every three hours, for a few days, and also an opiate at bedtime, the pain being most severe at night. In the course of a few days, no specific effects of the quinine having been experienced, and no abatement of the pain having occurred, the opiate was omitted. The patient was free from pain that night, and had well-marked symptoms of cinchonism the next day. The quinine was continued, at longer intervals, for two or three days, with persistence of its usual effect on the head, and there was no recurrence of the pain. This result may have been a mere coincidence, and, as we have already said, an extended series of observations is necessary before deciding the question.

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#### SUFFOLK DISTRICT MEDICAL SOCIETY.

THE stated meeting of this Society, held at the Rooms in Temple Place, on Saturday evening last, was quite fully attended, and much interest was manifested in the medical communications made by several members. The subject of painless extraction of teeth, by means of electricity, was brought forward by Drs. Keep and Garratt, and enlisted much attention. Laceration of the perinæum during labor; rigidity of the os uteri in the parturient woman; the inefficacy of belladonna in arresting the secretion of milk—an instance related by Dr. Lyman; a written and verbal report upon iritis, and its treatment by a tonic and alterative course, without mercury, by Dr. Williams; remarks upon continued fever, by Drs. Ayer and Upham; upon several cases of spasmodic cough presenting unusual difficulty in treatment, by Dr. Putnam; and the management of enuresis, referred to by Dr. Watson and others, were the principal matters considered during the first portion of the session.

We were very favorably impressed by the remarks of the President, Dr. A. A. Gould, at the close of the meeting "for medical improvement." He expressed the hope that now the winter campaign had fairly opened, gentlemen would manifest a determination to keep up the interest of the meetings to such a point, that they would be at once inviting and beneficial; and to this end, he advised (very judiciously, it seems to us,) that cases of any length be communicated in writing. This ensures a careful report, saves the Secretary much trouble, and facilitates the business of the meetings generally. The President also truly remarked that many ordinary cases are well worth



reporting—members should not think they had nothing to present, because no startling or very unusual instances of disease or lesion had occurred in their practice.

At 9 o'clock, Dr. Stevens, for the Committee of Arrangements, announced that the supper which had been prepared for the occasion was ready on the table in the adjoining room. A prompt adjournment took place, apparently very much to the gratification of the members; and an hour or more was pleasantly spent in discussing sandwiches, oysters, ice-cream and coffee—the pauses in the repast being filled up with social chit-chat.

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*“Practical Dissections.”*—A work with the above title, and particularly designed for the use of students, is just published, and can be obtained at the bookstores and at this office. Everything is given in its pages which can aid the dissector in the dissecting-room; and such details as would not avail him there, are omitted. The author is Dr. R. M. Hodges of this city, Demonstrator of Anatomy at the Medical College, and whose skill and proficiency in the department of practical anatomy are well known. We have been favored with a sight of the proof-sheets, and feel sure that the volume will be exceedingly useful, and command a large sale. A more extended notice is reserved for a future number of the JOURNAL.

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*Alleged Criminal Assault by a Dentist.*—Another case of alleged attempt, by a dentist, to commit a rape on a woman who was under the effects of chloroform, has lately been tried in Montreal, and resulted in a verdict of “guilty of an attempt to commit a rape, with a recommendation to mercy.” To our mind, the verdict was by no means justified by the evidence, and the prisoner’s counsel moved for an arrest of judgment. It cannot be too strongly impressed upon all who are in the habit of administering anæsthetics, that the operator runs no small risk to his reputation, if not to his life, in rendering a female patient insensible, without the presence of witnesses. At the trial at Montreal, a witness testified that his wife was under the strongest impression that she had been violated by the prisoner, while under the influence of chloroform; yet her husband was present during the whole time she was unconscious. Had he been absent, it might have been difficult to persuade a jury that her evidence was untrue.

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THE subject of electric anæsthesia in the extraction of teeth, which has lately been brought before the dental and medical professions in this country, is attracting, also, much attention in London. The *Lancet* speaks favorably of it, and says its value is likely to be completely tested. It also states that the same method has been employed in other surgical operations, as many as nine having been performed under its use at the University College Hospital, between the 9th and 16th of September, partial unconsciousness being produced.

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WE learn that the “Hand-book of Practice,” by Drs. Elmer and Reuben, of New York, for the year 1859, will be published in a few weeks. The work was favorably received by the profession last year, and the coming edition promises to be more worthy of their support, as it will contain important additions and improvements.

*Vermont State Medical Society.*—The annual meeting of this Society was held at Montpelier on the 27th and 28th of October. In the afternoon of the 27th, the annual address by the President, Dr. Stevens, was delivered in the hall of the House of Representatives, the Legislature having adjourned for the purpose of hearing the address, which comprised a history of the Society from its organization. In the evening medical subjects were discussed, and on Thursday morning treatises were read by Drs. Allen, Carpenter and Pineo, and an obituary sketch of the late Dr. James Spalding by Dr. Clark. The valuable statistical tables prepared by Dr. Allen, of Middlebury, by direction of the State, were presented, and are to be published in book form by the Legislature. The following officers were chosen for the coming year:—Dr. C. L. Allen, of Middlebury, *President*; Dr. E. A. Knight, of Springfield, *Vice President*; Dr. P. Pineo, of Hartford, *Recording Secretary*; Dr. C. B. Chandler, of Montpelier, *Corresponding Secretary*; Dr. Chas. Clark, of Montpelier, *Treasurer*; Dr. C. B. Chandler, of Montpelier, *Librarian*.

The semi-annual meeting of the Society will be held at Windsor, on the last Wednesday and Thursday of June next.

*Births Registered in Scotland.*—26,066 births were registered in Scotland during the quarter ending 31st March, 1858, of which number 13,437 were males, and 12,629 females. Of the 26,066 births, 23,706 were legitimate, and 2360 illegitimate. This gives the high proportion of 9 per cent. of the births illegitimate, or one illegitimate birth in every 11 births. As this is the first opportunity which has occurred of ascertaining with anything like accuracy the statistics of this important social point, it may be interesting, as well as instructive, to compare our condition in this respect with some of the nations around us. It appears that in Sweden only about 6.5 per cent. of the births are illegitimate; in Norway, 6.6 per cent.; in England, 6.7 per cent.; in Belgium, 6.7 per cent.; in France, 7.1 per cent.; in Prussia, 7.1 per cent.; in Denmark, 9.3 per cent.; in Hanover, 9.8 per cent.; while in Austria, 11.3 per cent. of the births are illegitimate. But if as a whole, our social condition, as illustrated by the proportion of illegitimate births, is far from favorable, the statistics now collected show that, contrary to what has been commonly supposed, the counties in which the proportion of illegitimate births is greatest are not those which are rapidly advancing in population, or which are the seats of commercial and manufacturing enterprise, or which contain our largest cities with their overcrowded inhabitants, but are rather those more purely agricultural. Thus the counties of Renfrew and Lanark, with their teeming populations, show only 6.1 and 6.7 per cent. respectively of illegitimate births; Linlithgow, 6.7 per cent.; and Edinburgh, 8.7 per cent.; while the proportion of illegitimate births rises to 11.1 per cent. in Peebles; to 11.6 per cent. in Roxburgh; to 12.5 per cent. in Selkirk; to 13.1 per cent. in Kincardine; to 14 per cent. in Kirkcudbright; to 15.7 per cent. in Dumfries; to 16.2 per cent. in Aberdeen; to 17.1 per cent. in Banff; and to the enormous proportion of 17.5 per cent. of the births in Nairn.—*Edinburgh Medical Journal*.

THE physicians of Mercer Co., Ill., have lately organized themselves into an Association, to be called the Mercer County Medical Society. A constitution and by-laws have been adopted, officers chosen, and individual members appointed to furnish essays on particular subjects.

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MARRIED.—At Tewksbury, 26th ult., William Grey, M.D., of Billerica, to Miss Margaret R., daughter of the late Dr. Henry Kittredge.—In this city, 1st inst., Dr. H. W. Libbey, of Sandusky, Ohio, to Miss Mary A. Robie, of Boston.

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DIED.—At Holden, Mass., Oct. 26th, of typhoid fever, Dr. Albert D. Smith, aged 36 years.—In San Francisco, Cal., Sept. 20th, of phthisis, Dr. John P. Macauley, aged 32 years.

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*Deaths in Boston* for the week ending Saturday noon, October 30th, 75. Males, 35—Females, 40.—Accident, 3—apoplexy, 1—cancer in stomach, 1—consumption, 20—convulsions, 2—cholera infantum, 2—dysentery, 2—dropsy, 3—dropsy in the head, 5—infantile diseases, 3—puerperal disease, 1—erysipelas, 1—typhoid fever, 3—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 5—purpura hæmorrhagica, 1—disease of the spine, 1—scrofula, 1—suffocation, 1—suicide, 1—teething, 2—tumor, 1—whooping cough, 5.

Under 5 years, 25—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 16—above 60 years, 8. Born in the United States, 55—Ireland, 17—other places, 3.



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## INTRODUCTORY ADDRESS.

[Delivered November 3d, 1858, to the Medical Class of Harvard University, and communicated to the Boston Medical and Surgical Journal.]

BY JOHN BACON, M.D., UNIVERSITY PROFESSOR OF CHEMISTRY IN THE  
MEDICAL SCHOOL.

GENTLEMEN OF THE MEDICAL CLASS,—By the appointment of my colleagues of the Medical Faculty, and in conformity with a time-honored custom, it has become my pleasant duty to-day to welcome you to the commencement of your winter's studies. Some of you are now for the first time within these walls, for the purpose of devoting yourselves to the preparation for a noble profession, which is to be a life-long study and work. Others of you have come up here to extend and refresh the knowledge gained in previous years. Others, again, have been connected with the School during the summer term, which has been established by the Corporation of the University since the close of our last course of lectures. *You* are now to exchange the system of instruction by text-books and recitations, for that by lectures chiefly; with the aid of those appliances by which the student is enabled to learn directly from nature, and not at second-hand. To all the members of the class I extend, in the name of my colleagues, a cordial greeting.

Opportunity will be afforded to all who desire it for frequent examinations on the several subjects treated of in the lectures, and I wish to impress upon you the desirableness of taking part in these familiar, conversational examinations, as a means of fixing in your minds, and giving definiteness and precision to, the knowledge gained from lectures. Future success or failure may greatly depend upon the spirit with which you address yourselves to the labors upon which you are about to enter. A firm resolve and earnest endeavor will lighten much the toils of a rugged and difficult path; and you will gain not only the desired knowledge, but, what is much more, the mental discipline which enables its possessor to wisely use his information and experience. In the vast

field of medicine and its collateral sciences, we are all learners. Our present medical science is the product of the observation and thought of many centuries. All true knowledge is a thing of slow growth. We succeed to the great inheritance of the accumulated wisdom of the past; and it is for us to rightly use this large legacy, and, so far as in us lies, to extend and carry forward the domain of true science into the regions of darkness and ignorance.

The subject to which I invite your present attention is a consideration of the relations of Chemistry to some of the departments of Medical Science; especially inquiring what kind and amount of assistance medicine can rightly expect from chemistry in its actual condition. I hope that the wholly inadequate manner in which I am able to present a subject of practical importance to the physician, may find some apology in long-continued ill health.

Chemistry has long been recognized as an essential branch of medical education, and invariably enters into the course of instruction in a medical school. Such was the case when the science was in a most infantile condition, and every step of advance has only made the connection more indispensable. It cannot be doubted that, in the future progress of medicine, it is to come into still closer relations and to exert a more vital influence. Already, physiology and pathology have reached a stage beyond which no important advance seems likely, unless with the aid of chemistry. Only so fast as *this* is carried onward, can *they* gain a firm basis for their growth.

Of all the physical sciences, probably none has seen so rapid and extraordinary a growth during the last half century, and more especially within the last ten or fifteen years, as chemistry. Looked at from some points of view, portions of the science have assumed almost the precision and certainty of mathematical demonstration. Its combinations and reactions are now to a large extent expressed by algebraic formulæ; and the chemist can predict the general chemical and physical properties of yet unknown and unformed compounds, much in the same manner as the old astronomers predicted eclipses, before the discovery of the causal law of universal gravitation. Nor is such prediction limited to compound bodies. One element, fluorine, has not been isolated, unless a colorless gas, lately obtained, should prove to be it. But no chemist is in doubt about the existence of fluorine, or in regard to the general properties which it will exhibit, if his art shall ever succeed in setting it at liberty.

Here, analogy is the guide. A well-known mineral, fluor spar, is ascertained to be a compound of calcium, the metallic base of lime, with the unknown substance. In its chemical properties and actions, it resembles the chloride, bromide and iodide of calcium. So, also, in its combinations with magnesium, barium and strontium; and in a lesser degree with various other bodies. Now all those which most nearly approximate fluor spar consist of an earthy



metal in combination with one of three elements, forming a well-characterized, natural group. Analogy, then, suggests that as neither of these is present, an unknown body belonging to the same group must be. Its atomic weight and its place in the group are inferred from other data in a similar manner; and thus fluorine receives its name and its place in the series of chemical elements.

As was the case with astronomy, there is reason to expect that, in the future of chemistry, a still greater precision is to be reached; that a large part of the unwieldy mass of details and isolated facts will be compressed into a series of mathematical tables, as a result of the discovery of some central law of atomic combination. Though as yet ignorant even of the direction in which such a generalization can be sought for, we cannot doubt that some time the discovery of the great causal law lying at the basis of chemical combinations will reward the earnest seeker, and chemistry become, like its elder sister, astronomy, a truly exact science.

Such is its aspect from one point. Seen from another point of view, modern chemistry has expanded into a multiplicity of details impossible to be grasped and comprehended by the most patient student of facts. In the department of organic chemistry especially, besides a multitude of natural compounds, formed chiefly from four primitive elements—carbon, hydrogen, oxygen and nitrogen (constituting the group of organogens), there has been produced artificially a large series of quasi-elements, each attended by its multitudinous host of compounds. The most experienced chemists have never examined, nor even seen, one quarter part of the bodies thus obtained; and there appears no probable limit to the future extension of such series. Even now no one man can pretend to a thorough acquaintance with more than a small part of this wide field. Doubtless, this host of individual facts and isolated groups of facts will one day be marshalled under the banner of some wide generalization, and law and order be introduced into this scene of apparently inextricable confusion. Already, much progress has been made in grouping the organic compounds in series.

One of the more prominent changes which chemistry has experienced within a short period may be glanced at here, on account of its bearings upon the medical relations of the science. About sixty primary substances, called ultimate elements, variously united and compounded, are recognized as making up all the vast variety of material bodies, so far as these are known to the chemist. It being always understood that no one assumes that these, or any of these, are absolute elements; but only such as the known means of analysis have not succeeded in resolving into simpler constituents—that is, they are elementary, not in an absolute, but in a provisional sense of the term. Each of these bodies is known by

its characteristic series of properties. Let us look now at some of the facts which are classed under the head of *allotropy*. The ultimate element phosphorus, for instance, is familiarly known as a nearly colorless, waxy-looking substance, readily fusible, and especially characterized by its marked inflammability, which requires it to be kept under water; and to which, indeed, it owes its name. If, now, a chemist of the old regime were presented with a quantity of brick-red powder, infusible, not luminous at ordinary temperatures, and totally unflammable at any heat short of the very high one (about 500° Fahr.) which changes its allotropic state, he could scarcely be made to believe that the stranger was no other than his old acquaintance, phosphorus, in a new guise—with new chemical and physical properties. Yet such is the fact. It is not a new element; for, without adding or removing anything, phosphorus can by appropriate means be changed from one modification to the other at pleasure. Professor Schrötter, of Vienna, who first made the red phosphorus an object of special study, and discovered its allotropic condition, greatly astonished the chemists assembled at a scientific congress, by carrying a quantity of the red powder to the meeting in his waistcoat pocket. A hazardous experiment it might have proved, had not the substance been in a quiescent, inert state.

Carbon exists in at least three allotropic states, as charcoal, graphite and diamond; which have long been recognized as varieties, though not understood as exemplifying the phenomena of allotropy. With the properties of the leading element, oxygen, chemists felt themselves well acquainted a few years since. Now that the remarkable body *ozone* (so called from its powerful odor) has established its claim to an identity with the familiar, inodorous oxygen, it would seem as if the most firmly established principles of the science were likely to be uprooted. But it is not so. The former facts remain, venerable as of old, although added to and placed in new relations. Theories only must be modified and reconstructed.

Probably we are only at the threshold of great discoveries in the direction of allotropy. In what are these wonderful developments to end? Of the large series of metallic elements, many resemble each other more nearly than the several allotropic states of phosphorus or carbon do. May they not all be reducible to a few, perhaps to one or two? It will be seen that this leads us to the idea of the old alchemists, of the transmutability of the metals. The fond dream of those ancient enthusiasts may yet become a scientific reality, and the function of the anxiously sought philosopher's stone be fulfilled by some analytical process; which must, however, lie beyond the range of the most searching processes yet known, and of whose nature we can form no idea. Since the rise of modern chemistry, such speculations have until lately been indignantly scouted, and it has been held a fundamental axiom that the



same body must always manifest the same chemical qualities, excepting only such variations as are due to the three conditions of solid, liquid and gas. Water we know as solid ice, as a liquid, and as gaseous steam. Many cases of allotropy are already clearly made out; and though no probable theory has been framed to include and explain these marvellous and unlooked-for phenomena, it is evident that the prevalent idea of chemical identity must be essentially modified.

The three elements, oxygen, carbon and phosphorus, enter as essential constituents into the animal organism. Perhaps the versatility of character which we have seen them to possess, may in some way fit them for the parts they are called upon to perform in the varied changes of animal life. Every extension of our knowledge opens unexpected vistas into the illimitable unknown; and probably the chemist of the present day feels more deeply than his predecessors that his science is but in its childhood—that in view of the possibilities which even now lie open before it, its past triumphs shall be far exceeded. Such innovations as allotropy promises to introduce, seem at first view likely to bring into doubt the best-established principles, and even to subvert the very foundations of the science. But soon they recede from their conspicuous position, gradually come to subtend a smaller angle in the field of view, and finally assume their true place in the structure which the labor and thought of many generations has been rearing. Even the errors and false theories of the past appear in a large view to be necessary steps in the history of progress. As the mountain traveller reaches a desired summit, only by repeated descents into valleys, and wide divergences, which seem to lead far away from the point at which he aims, so apparently inaccessible heights of science are scaled at last. Through uncertain wanderings and repeated failures, the student of science needs to feel that there are attainable truths within the reach of diligent search—that the divine Creator of the universe does not leave his children to wander in endless mazes of error and doubt—that no earnest and honest effort is made in vain.

Physiology and pathology are so directly dependent upon chemistry, that every step of its advance prepares the road for their progress—unfortunately, also, the erroneous theories and false generalizations, which inevitably crowd about the path of a rapidly extending science, become the bases of crude and hasty speculations, and of errors difficult to be eradicated. Formerly, physiologists maintained that chemistry had little or nothing to do with the phenomena of the living organism—that so long as life remained, chemical forces were held completely in abeyance. But now chemistry not only threatens to invade, but to overrun and annex the domain of physiology. The varied processes and products of the human organism, for example, are coming more and more under the recognized rule of purely chemical laws, and the

present tendency of the cultivators of organic chemistry is to resolve the entire physiology of animal life into the two departments of Physiological Physics and Physiological Chemistry. Thus they supersede that mysterious vital force, which the elder physiology regards as the central, controlling power in the body; and convert the marvellous microcosm into a simple chemical laboratory. The great question thus opened, I can only presume to glance at here; merely expressing a conviction that physiology stands on a different plane from chemistry, as does chemistry from physics—that we might as well attempt to include all the varied reactions of chemical compounds within the laws of natural philosophy, as to believe that the organic germ, which is to develop into a complex animal organism, holds latent within it no other species of force than such as control the phenomena of the inorganic world. In every vital process, chemical and physical laws are in operation, but they are not the only ones involved. Over and above these are the mysterious laws of life. Chemistry can determine the ultimate elements out of which an organized structure is built up; and in a few instances has succeeded in forming a product of the organism artificially from inorganic materials. But organization is beyond its range. It has never been able, and it never will be able, to construct the simplest organic cell. It not only cannot build up organized bodies, but is unable to say how they are constructed, although familiarly acquainted with every one of the chemical elements which enter into their composition.

Chemistry cannot explain why prussic acid, a compound of carbon, hydrogen and nitrogen merely, should be a deadly poison. Even were it a corrosive substance, the quantity capable of destroying life immediately is so minute that it could exert no adequate chemical action on the organism. The relation of prussic acid to the living body is physiological, and not chemical.

Organized substances are, within certain limits, variable in composition. Thus the blood of man, or any species of animal, has not the fixed composition of a definite chemical compound; but varies in different individuals, and in the same individual at different times. It is even constantly fluctuating in composition. Organized substances cannot be confined within the precise and definite formulæ on which chemistry is based. Chemical analysis may lead us to the threshold of life, but beyond this it yields precedence to a new order of laws, which thenceforward assume the guidance.

Yet, the old idea of the vital principle as a force by whose aid living beings were supposed to withstand, not only chemical action, but every external agency, can no longer be maintained. So far from such resistance being in accordance with fact, the apparent permanence of the animal organism is but illusory. Ceaseless destruction and renewal are going on in every part of the body. Probably, each particle which takes part in producing a muscular



movement, for instance, loses in the very act its vital connection with the organism, and is in consequence removed and replaced by another. Dr. Draper well illustrates this point by the following comparison. "What, then, is man? Is he not a form, as is the flame of a lamp, the temporary result and representative of myriads of atoms that are fast passing through states of change—a mechanism, the parts of which are unceasingly taken asunder, and as unceasingly replaced? The appearance of corporeal identity he presents year after year is only an illusion."—[Draper's Physiology, page 12.]

Most of the great natural forces are now known to be mutually convertible. If not identical in nature and origin, each is capable of developing any of the others, and in precisely equivalent proportions. Heat also stands in the same relation to electricity, magnetism and chemical affinity, and probably to light; for we must regard heat as a force, and not as a substance. Now this view has important physiological bearings. Thus, the received doctrine of respiration and animal heat assumes that the oxidation of a certain weight of carbon and hydrogen in the organism produces a certain amount of heat, as in ordinary combustion. In the body, it is not unlikely that heat and other forces, possibly also the nervous force, may exhibit this mutual convertibility; and respiration be something more than a purely chemical process.

Let us pass now to some of the relations of chemistry to the physiology of nutrition, as it occurs in the animal organism. According to the generally received theory, mainly developed by Liebig, the food of man and animals may be divided into two great classes—nitrogenized or tissue-making food, and non-nitrogenized or heat-making food. The first class includes the albumenoid bodies: chiefly albumen, fibrin and casein, which may be either of vegetable or animal origin. In chemical composition, these resemble the organized constituents of our tissues, and are alone capable of forming blood. Their most important element is nitrogen; their office that of building up the tissues and repairing the waste in them. The proportion of nitrogen which they contain represents their tissue-making power; and consequently their nutritive value can be ascertained by ultimate chemical analysis. On this basis, multitudes of analyses have been made of the various articles which enter into the food of man and the domestic animals, and tables constructed of their relative value as sources of nutriment.

The second class, that of non-nitrogenized foods, is subdivided into three groups. First—the fats, which are essentially compounds of carbon with hydrogen and a little oxygen. These undergo oxidation in the organism, producing carbonic acid and water, and maintaining the animal heat. Second—the carbo-hydrates, or compounds of carbon with oxygen and hydrogen, the two latter elements being in the same proportion as in water.

Starch and sugar are examples of these. Like the fats, they serve to support the heat of the body. The third group consists of inorganic substances, including water and various mineral bodies. These Liebig does not regard as essential constituents of the tissues into which they enter.

Such is the simple and beautiful theory of Liebig. Unfortunately, its simplicity results from leaving out of the calculation some of the essential elements of the problem. That it is inadequate and unsatisfactory, is beginning to be recognized by physiological chemists. While it can no longer be maintained as including all that is known on the subject, it has been of undoubted service in stimulating and guiding the researches, by whose results it is likely to be itself essentially modified, if not overthrown; for the present, it must hold its place as a convenient classification.

Let us see how Liebig explains the presence of non-nitrogenous substances, such as fat and water, in the tissues. "Fat," he allows, "is a never-failing constituent of the substance of the brain and nerves; hair, horn, claws, teeth and bones, always contain a certain amount of water and fat. But in these parts water and fat are only mechanically absorbed, as in a sponge, or enclosed in drops, as fat is in cells, and they may be removed by mechanical pressure, or by solvents, without in the least affecting the structure of the parts. They never have an organized form peculiar to themselves, but always take that of the parts, the pores of which they fill. They do not, therefore, belong to the plastic constituents of the body or of the food."—[Liebig's Chemical Letters.]

A physiologist who uses the microscope to examine the tissues, does not need a chemist to tell him that these statements are fallacious. Non-nitrogenous bodies and inorganic salts are as essential to the constitution of a tissue as its albumenoid base. On the other hand, it cannot be denied that albuminous substances are heat-producing, as well as tissue-making. Nor are inorganic substances less essential as constituents of the organism. The chemist who has occasion to analyze animal substances finds phosphate of lime in every solid and fluid of the body; and it cannot be removed from the constituents of the tissues without breaking up their chemical constitution. Chloride of sodium is almost if not quite universally present in the organism. Phosphorus is indispensable to the nerve-tissue, and iron to the blood corpuscles.\*

Although no strict line of demarcation can be drawn between organic and inorganic chemistry, yet the products of vegetable and animal life present certain general characteristics which usually serve to distinguish them from substances of inorganic origin. None of the few chemical elements, out of which organic bodies, in all their infinite variety, are built up, are peculiar to them; nor do they change any of their special properties when they enter into

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\* For some of the above points I am indebted to a valuable series of articles on "Food and Drink," recently published in Blackwood's Magazine.



organic combinations. These few elements, combined in varying proportions, produce an endless series of compounds of diverse properties; often, indeed, give rise to two or more dissimilar bodies, when united in the same proportions. Organic compounds are generally of very unstable character, slight circumstances sufficing to break up the existing combination, and change it into others. These facts give to organic analysis quite a different character from inorganic.

Let us now consider what is meant by a chemical analysis, and what differences obtain in the modes of analysis applicable to inorganic and to organic bodies respectively. An appreciation of these points will help to a clearer understanding of the manner and extent to which the physician can avail himself of the aid of chemistry.

By the term ultimate analysis, the chemist understands the separation of a compound into the simplest known forms of matter; by proximate analysis, its resolution into bodies which, though more simple, are still compound. To take an instance from inorganic chemistry; sulphate of copper may be separated into its two proximate constituents, sulphuric acid and oxide of copper—and again, the sulphuric acid can be resolved into sulphur and oxygen, and the oxide of copper into copper and oxygen. Beyond this, it is not possible to go. We have now reached the ultimate elements.

The general character of the processes used is best shown by special examples. If we take a weighed portion of the red oxide of mercury (the red precipitate of the *Pharmacopœia*), and heat it in a small glass retort, it is separated into two substances, oxygen gas and metallic mercury, both of which can by appropriate means be collected and weighed. We obtain a heavy, opaque fluid, of brilliant metallic lustre; and a colorless, transparent gas, while the oxide has disappeared from the retort. Since the only metal, fluid at ordinary temperatures, is mercury, there can be no doubt as to its nature. The gas is known to be oxygen by actively supporting the combustion of a burning body introduced into it, and by other characters which I need not describe. The weight of the two products added together will equal the original weight of the oxide. Neither of them can be resolved by any process into simpler forms. They are, in the present state of our knowledge, ultimate elements. We have thus effected a complete analysis.

Proceeding now to a less simple case—suppose we wish to ascertain the presence and the amount of silver in lunar caustic, a compound of oxide of silver with nitric acid. We dissolve a known weight of the lunar caustic in water, and place in the solution a slip of metallic copper. In a short time, the whole of the silver will be deposited in the metallic state, upon the surface of the copper, from which it can be removed and weighed. Here we

take advantage of the superior affinity of copper for oxygen and nitric acid, in consequence of which a part of the copper is dissolved to form a nitrate, and a corresponding amount of silver is set free. Or, we may separate the silver from solution, not in the metallic state, but in combination with chlorine; by adding to the solution one containing chlorine or a soluble compound of chlorine, such as common salt. The silver then separates as an insoluble chloride, which can be dried and weighed. Since chloride of silver invariably contains a certain proportion of that metal, the weight of silver present is calculated from that of the chloride obtained. Conversely, we can ascertain the proportion of chlorine in common salt, a compound of chlorine and sodium, by adding to its solution one of nitrate of silver. The weight of the chloride of silver obtained *now* indicates that of the chlorine present.

These examples will give an idea of the general nature of inorganic analysis. The definiteness of the compounds, and the small number capable of being formed from the same elements, give a high degree of precision and certainty to the processes. In dealing with an inorganic compound, all the ingredients present can usually be ascertained, and the relative weights of each; thus furnishing an invaluable means of checking and balancing the result, and ensuring its correctness.

Turning now to organic chemistry, we find a very different state of things. Here, such complete and exhaustive analyses as we have been considering are seldom practicable. The products of vegetable and animal life are divided into two great classes. The first class consists of *organized substances*, which show either to the naked eye, or under the microscope, a peculiar structure, other than that due to crystallization. Such are the cells and fibres which make up the various tissues of plants and animals. These, with few exceptions (such as starch granules and some varieties of cellulose), are not of homogeneous chemical composition.

The second class, called distinctively *organic bodies*, comprises all those products of vitality which do not possess organized structure. It includes the proximate constituents of the various secretions and excretions, which may be either solid, liquid or gaseous. In relation to analysis, this class may be conveniently divided into two groups—the crystallized and the amorphous organic bodies.

The first group includes such substances as the sugars, and many organic acids and alkaloids. Their susceptibility of crystallization renders it possible to isolate them from the foreign substances with which they may be mixed, and thus obtain them in a state of purity admitting of ultimate analysis. The second group includes many bodies of great physiological importance, such as albumen and fibrin. From the absence of crystalline form, many difficulties are experienced in obtaining them in a pure condition, and



ascertaining when they are so. This circumstance renders the results of their analysis less certain.

Returning now to the bodies of the first class (organized substances), these cannot become properly the subjects of ultimate analysis, though it may be possible to separate in a few instances all the proximate elements which enter into their composition. An ultimate analysis of an organized body can of course be made, but is practically valueless. Most of the secretions and excretions of the animal organism consist of variable mixtures of several proximate principles. These also yield no valuable results to ultimate analysis. The several proximate principles must be disentangled and separated for individual analysis.

The undoubtedly valuable results, in a chemical point of view, yielded by organic analysis, and especially the great name of Liebig, have attached an exaggerated importance to the ultimate analysis of organic substances, in reference to physiology and pathology. The very term, organic analysis, is usually understood to mean only ultimate analysis. To Liebig mainly is due an immense advance in our knowledge of the ultimate components of organic substances, and in the modes of determining them. Still, the processes fall short of the precision attainable in inorganic chemistry.

An ultimate analysis requires a preliminary qualitative one, to ascertain what ingredients the compound contains, in addition to carbon, hydrogen and oxygen; and it is possible to overlook even important ones.

Ultimate analysis resolves itself mainly into a determination of the relative amount of each of the four organogens. The process consists essentially in burning the compound with a substance capable of affording oxygen. If we have a crystallized compound of carbon with hydrogen simply (as naphthalin), the result is satisfactory; the carbon being obtained in the form of carbonic acid, and the hydrogen in the form of water. If oxygen also is present, as in sugar and a vast proportion of organic bodies, a serious difficulty presents itself. There are no means known by which the oxygen can be determined directly; and it must be estimated by the loss, or difference between the original weight and that of the constituents which can be collected in a weighable form. It is obvious, that if an element has been overlooked in the preliminary qualitative analysis, the loss will be proportionally greater, unless it also yields a volatile product; and the whole loss will be rated as oxygen. This has occurred in the hands of the ablest chemists. Thus, the two proximate animal principles, cystin and taurin, contain more than twenty-five per cent. of sulphur, which was overlooked in the earlier analyses of these substances, and the amount of oxygen exaggerated in proportion. When nitrogen is present, it is determined by an additional analysis, and may be separated either in a pure state, or converted into ammonia, whose weight indicates that of the original nitrogen. Thus the chemist gains a

knowledge of the elementary composition of a substance, of great value in a purely chemical point of view, but rarely available for the purposes of the collateral sciences.

Let us turn now to *proximate analysis*, and see what results this is capable of yielding. When the characteristic chemical properties of a proximate principle, such as diabetic sugar, have been once for all ascertained, we can determine its presence and amount in a complex fluid like the urine, without subjecting it to the combustion-tube, without even separating it from the fluid in a crystalline form. The presence of another foreign substance, albumen, in the urine, is readily ascertained by simple and satisfactory tests; and if requisite, it can be separated and weighed. Most of the normal constituents of the urine can be detected, and the variations in their amounts approximately determined, by simple tests. Now this is all the information which the physician can make use of for diagnosis at present. Since it is by the kidneys that a large part of the effete constituents of our organs, as well as their products, are eliminated from the system; it is evident that the variations of the urinary excretion furnish means of studying the diseases of the internal organs afforded in no other way. Pathological chemistry has not as yet succeeded in tracing to their origin many of the modifications brought to light by the use of tests; and an extensive field of research lies open in this direction.

A complete and exhaustive analysis of the urine has never been made, and, in the present state of science, cannot be made. All of its proximate constituents, even, are not known. The same observation applies in a still stronger degree to the blood. This fluid consists of a number of proximate principles, variously combined, and of organized bodies, as the red and white corpuscles, which are chemically of complex constitution. No means are known of isolating the several compounds present, so that each may be analyzed separately. Until this is accomplished, no thorough analysis is possible. A determination of the ultimate elements, and of their relative amounts, gives no information, since it is impossible to ascertain the states of combination in which they existed.

The day has passed by when chemists attempted to analyze a complex pathological product, such as cancer, by crushing the whole mass in a mortar, and endeavoring to extract from the heterogeneous medley a peculiar cancerous principle or schirrhin. The absurdity of such a procedure is now manifest; the progress of pathological anatomy, and the use of the microscope, have shown that such a tumor is built up of a variety of tissues and anatomical elements.

At the present day, analyses of the blood, both proximate and ultimate, are made, which though chemically correct, so far as they go, are necessarily imperfect and fallacious. Yet, these are quoted and reasoned from by physiologists, in the same manner as the



mineralogist or geologist uses, in reference to mineralogy or geology, the chemical analysis of a mineral—altogether overlooking the radical and essential differences between a mineral analysis and that of a complicated organic compound.

Physiologists and pathologists often expect from chemical analysis information on points beyond its present range. Very many important theoretical and practical problems, which would seem to be within the reach of chemistry, could certain difficulties be overcome, must be content to lie in abeyance until processes of analysis shall be contrived, capable of dealing with them. I would not be understood to discourage the attacking of such problems: for it is likely that only by such attempts, and after repeated failures, can the present imperfect processes be improved. Only, let the experimenter be content to spend much time in improving the tools with which he works and learning their best use, before he adds to the mass of crude and worse than valueless analyses with which pathological chemistry especially abounds.

Every young experimenter is frequently meeting with apparently new and extraordinary facts, even in the most thoroughly explored fields of research; until experience teaches him what allowances to make for the errors of his modes of observation and the unavoidable imperfections which belong to all instruments and processes: not to speak of personal peculiarities of organization, such as the practical astronomer recognizes the effects of under the name of "personal equation." The chemist's appreciation of colors and odors, for instance, is influenced by personal peculiarities, and varies also in the same person at different times. The astronomer and the microscopist gradually learn to eliminate from their results the errors due to the imperfections of the telescope and the microscope. The experienced microscopist concentrates his attention on the special objects he is observing, and takes no notice of air-bubbles or other accidental bodies in the field of view—which may be the most conspicuous and noticeable objects to one who looks in the microscope for the first time. The errors of chemical tests and processes are less easily eliminated. So many difficulties environ any new research that there is little exaggeration in the remark of the German chemist, Mitscherlich, that the establishment of any chemical fact that was worth while, required fourteen years.

The impossibility of making a complete analysis of the blood or urine, by no means hinders the physician from gaining great assistance in the diagnosis of diseases by the application of chemical tests to these fluids—obtaining, in this way, positive and practically available replies, if the questions to which he seeks answers from nature are put in the proper form. Otherwise, an irrelevant answer is obtained, leading to error. Sometimes, the reply comes in a vague and indefinite shape, not easy to understand and interpret. Then, a change in the mode of applying the test, after the manner of a

cross-examination, will often elicit information which nature seems chary of giving at first. A chief difficulty in dealing with a complicated mixture of proximate principles is to ascertain the influence of various accidental circumstances, and so to vary the reagents as to avoid these obstacles.

It is not enough for the student merely to see the processes of analysis and the application of tests as exhibited in the lecture room, and to listen to the explanations given. When he attempts to use them himself in actual practice, he is likely to find that processes which appear simple and easy, are not so to the beginner. He is sure to meet with unlooked-for fallacies, whose nature and causes can only be learned by personal experiment.

The examination of the urine requires but little general knowledge of chemistry and only moderate practice. Other investigations require more previous knowledge and experience. If the student can avail himself of a microscope, its aid will render the analysis of the urine, and of pathological products generally, more thorough and satisfactory, as well as far easier. The use of the microscope in conjunction with chemical tests is every day becoming more indispensable, not only for such analyses as the practising physician is able to make, but also in the elaborate researches required in the most accurate investigations, and in the department of inorganic as well as organic chemistry.

Without a general knowledge of chemistry, the physician can use chemical reagents for the purposes of diagnosis merely; as the navigator does not need a thorough comprehension of astronomy in order to determine the latitude and longitude of his ship, but is guided by rules, which are themselves the result of centuries of astronomical observation, and of intricate mathematical calculations. Still, it is better, when practicable, to know not only the rule, but the reason of the rule.

It cannot be doubted that, in the future history of medicine, its theory and practice are to gain a more exact scientific basis, by receiving from chemistry far greater aid than it is now competent to render. The opprobrium of uncertainty which hangs over medicine, will gradually lessen with every advance in our knowledge of the laws of nature relating to the human organism. May we never fail to remember that these laws, which true science reverently seeks to comprehend and apply, are not laws of man's contriving, but shadow forth the thoughts of the Divine Author of the universe.



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 BOSTON, NOVEMBER 11, 1858.
 

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## THE SUPERINTENDENT OF THE MONSON ALMSHOUSE.

WE print the following communication from a medical friend, in whose statements we have entire confidence. From it we learn that Dr. Brewster, the newly-appointed Superintendent of the Monson Almshouse, has been wronged by our editorial article of the 21st of October, 1858, entitled *Politics and Medicine*. We certainly have no intention of injuring the reputation of any man, or of saying anything which places one in a false position before the profession or the community. In so far as we have unwittingly done this in Dr. Brewster's case, we are ready to retract the obnoxious expressions. The source from which our information was derived we supposed to be fully as reliable as that which now furnishes us directly the opposite assertions. We can only account for these contradictory opinions, by presuming our first correspondent to have been misinformed; since we have no reason to think him maliciously disposed toward Dr. Brewster, or that he would, knowingly, do him wrong. Our second correspondent, C. N. C., seems to have had the same impressions and information as our first; it rests with these gentlemen to consider the new aspect put upon the affair, and to act accordingly.

Our sentiments as to the *general subject*, remain wholly unchanged; and we are glad to notice that our Berkshire correspondent agrees with us upon the matter therein at issue.

"MESSRS. EDITORS,—I have read, with regret, in the leading editorial in your issue of the 21st inst., the following paragraph: 'Dr. Brooks, Superintendent of the Monson Almshouse, has been removed by his Excellency, through the agency of the very wise and conscientious Councillors, to make room for one of their political supporters, notoriously incompetent not only in his medical capacity, but in every other, except that occupation which has placed him where he is.'

"I do not except to the doctrine or the mode in which the 'general subject' is presented. In this regard the article is excellent and timely; but to the false 'fact' furnished by 'esteemed correspondent,' and made the text on which a good sermon is hinged, 'esteemed correspondent' is at fault, as I will show you.

"The paragraph above quoted—unjust and undeserved as it is—is made worse by another correspondent, in the Journal of the 28th inst.—(muddy correspondent, as I will designate him for the sake of clearness). '*Esteemed correspondent*' only charges Dr. Brewster with *notorious incompetency* and *political partizanship*; 2d, (or muddy) correspondent, evidently misunderstanding '*esteemed correspondent*,' gives utterance to a burst of '*righteous indignation*' on the ground that Dr. Brewster is a *Thomsonian*. The charges, then, against Dr. Brewster, may be summed up under three heads:—1st, He is incompetent; 2d, He is a partizan;—3d, He is an irregular practitioner—a *Thomsonian*.

"Dr. Brewster is well known in this community as a gentleman of liberal education and high character. He graduated with honor at

Williams College, and afterwards at the Berkshire Medical Institution. He was for several years in successful medical practice in this State. As to his executive ability, his friends may point with pride to the condition and management, under every disadvantage, of the Almshouse at Monson.

"2d, Dr. Brewster is not, and never has been, a political partizan, not even a politician. He did *not* receive his appointment as a reward for political services, but was warmly recommended to Gov. Banks by some of the most distinguished and honored of the profession in the State, who knew his ability and worth.

"3d, Dr. Brewster is free from all taint of Thomsonism, or any other medical 'ism or 'pathy. He has always been true to rational medicine and the regular profession. As to the appointment of *Nichols* as Physician—said to be a Thomsonian—I have nothing to say, since the appointment of the physician to the Almshouse does not vest in the Superintendent, and cannot therefore be laid to the charge of Dr. Brewster. Indeed, he has nothing more to do with it than your correspondent C. N. C. 'I am [*not*] a supporter of the present State administration, yet I believe that such flagrant injustice to worthy and honorable men, if unatoned for, will compel the people [profession] to place their seal of condemnation' on such correspondents as C. N. C. Dr. Brewster is well known in this County, and deservedly esteemed; and any attempt to depreciate him, we are not disposed to let pass unchallenged.

BERKSHIRE."

Pittsfield, October 29th, 1858.

#### MASSACHUSETTS BENEVOLENT MEDICAL ASSOCIATION.

THE annual meeting of this Society took place on Thursday, October 28th. Several new members joined, and the affairs of the Association were represented to be in an encouraging condition. The old board of officers was elected, with the exception of the Council, three names being dropped from the list each year, according to rule, to be supplied by an equal number of new ones.

The annual supper took place at the Revere House, on the evening of Nov. 5th, and, it is needless to say, was served with all the taste and generous hospitality which has deservedly made that hotel celebrated both at home and abroad. In the absence of the President, Dr. George Hayward, the Vice President, Dr. George H. Lyman, occupied the chair, and by his opening address, his frequent remarks and sentiments, gave character to the meeting, and contributed to its unflagging pleasure.

After supper was over, Dr. Lyman, in a sentiment addressed to the Clergy, called up our friend and sincerely respected chaplain, the Rev. Dr. Chandler Robbins, who said that his father had been a physician, as were others of his family, and alluded to the objects of the society, the relief of such of the medical men of Massachusetts as had, by disease, by age, or by losses, been reduced to poverty, having little to support their families, and nothing to leave them at their death. Some very pleasant reminiscences of the profession in his early days were related, and an interest in the profession manifested, which met with the best feelings of all present.

Dr. Lyman next gave the following sentiment: "Amidst the triumphs of Republicanism, we rejoice in the presence of an *Autocrat*."



This called up Dr. O. W. Holmes, who in his most felicitous manner, in a short poem, ministered

"To the general joy of the whole table."

As we have since been told that at 2 o'clock, that afternoon, not a line of the poem was written, we cannot but award to its distinguished author the large distinction which his efforts always so cheerfully and freely receive.

Immediately after the poem, the members present were all, yes, literally all, called upon by sentiments admirably adapted to each, and which were responded to with that perfect willingness which always receives a kind reception, and makes every one a contributor to the pleasure of the whole assembly. This made an outstanding feature of this *symposium*, and will make it long remembered. The importance of some meeting to the success of such associations was very frequently referred to. One spoke of such meetings abroad, and of the benefit derived from them—we mean of societies for the relief of decayed members. At one such meeting, 1200 or 1400 pounds were subscribed, and with what blessings would not this great sum be dispensed!

Some recent instances of munificence to the medical profession in Boston were referred to. In one of these, a sum more than twice the fee paid by the Queen of England to her accoucheur for his attendance during labor and after, till recovery, was left by will to a physician present, for a single consultation visit, in which he was, without a figure, instrumental in preventing death. The time spent was only a very few hours. This case occurred between thirty and forty years ago, and for the service no fee was demanded, the lady being the wife of a physician. The fact of having attended this case, the lady herself, and all relating to her had so completely passed from the memory of the medical attendant, that when he was informed of his large legacy, he could not remember what had led to so munificent a bequest. It was only after accidentally hearing the name and residence of the old nurse in the case, and calling on her, that he learned the occasion of the gift. This was spoken of above as an act of munificence to our profession, and is it not truly so? The personal and the external are lost sight of in such an act, and a moral character attaches at once to it. We are grateful that our efforts to save life, to remove disease and pain have such regard as was displayed in the act referred to. The will, in this case, was made but a few weeks before the sudden death of the testatrix, showing how faithfully and constantly the service rendered had been remembered.

After some preliminary remarks, expressive of the deep sense of the Association of the important services rendered to the profession by Dr. James Jackson, and of the interest of its members in his welfare, his health was drunk by them standing.

Wit and humor and song had each their part in the happy hours of this annual meeting. Interest did not flag for an instant. Every moment had its pleasant word, and the frequent laugh showed that what was said or sung fell upon the good soil of willing hearts and minds.

But the small hours were at hand, and the smallest trenched upon, and the time for breaking up was hinted at. A song was called for, the piano was rolled into the room, and excellent music was made. "Auld Lang Syne" was at length reached, and being sung, the very pleasant meeting was adjourned to the next anniversary.

## DEATH OF DR. LUCIUS COOK, OF ERVING.

At a meeting of the Franklin District Medical Society, held at Shelburne Falls, Oct. 27th, 1858, the following notice of the late Dr. Cook was read by Dr. E. BARTON, of Orange, and, together with the resolutions, was adopted, and a copy ordered to be sent to the Boston Medical and Surgical Journal.

Dr. Lucius Cook died at Erving, Franklin County, of disease of the heart, at the age of 44 years, Oct. 10th, 1858, after a long and distressing sickness, to which he submitted with philosophic resignation. He was a native of Amherst, took his medical degree at the Medical department of Harvard University, in 1840, and soon commenced practice in Wendell, where he continued, except during an interval of a few months absence, until about two years ago, when he removed to Grant's Corner, but still retained a good share of his medical practice at Wendell as long as he was able to attend to business.

Dr. Cook possessed rare business talents, and although business outside of his profession divided his time, yet he was strongly attached to the healing art, and was ever ready, with a willing ear and warm heart, to hear and answer the calls of the suffering sick. He was one of the most active and self-sacrificing physicians in this section; ever willing to forego needed rest and personal comfort, in order to minister to the calls and comfort of others: and thus by his skill and devotedness to his business, he gained that confidence of the public which it is the fortune of but few to possess.

"*Resolved*, That in the death of Dr. Cook, this Society has lost one of its earliest and warmest friends.

"*Resolved*, That while we mourn the early departure of our professional brother, and lament that our meetings are no more to be enlivened by the presence of his convivial spirit, we would not be unmindful of the home which is made desolate by his loss, and would tender to his bereaved family our warmest sympathy.

"*Resolved*, That in order to cherish the memory and virtues of our deceased brother, the above be placed on the records of the Society; also, that a copy of the same be transmitted to the family of the deceased, and to the Boston Medical and Surgical Journal, by the Secretary."

CHARLES M. DUNCAN,

*Secretary of Franklin District Medical Society.*

## NEW OPERATION FOR RANULA.

THE following operation, a notice of which we find in the *Gazette des Hopitaux*, for the cure of ranula, proposed by M. Barrier, of Lyons, recommends itself for its ingenuity and simplicity, and is worthy of a trial in a disease which often baffles the skill of the surgeon. Each extremity of the transverse diameter of the tumor is seized by a pair of forceps held by assistant. The operator taking that on the left side himself, cuts with the scissors a triangular flap, whose base is to the right of the antero-posterior diameter, the apex (which should be truncated) being consequently to the left. He then takes the other forceps, and makes a small incision from before backward, near the base of the flap, extending through the cyst. Through this slit is inserted the apex of the flap, which is turned inward, from left to right, and is secured by a suture. In this way the mucous membrane, being turned inward, forms the lining of the sac, which consequently does not tend to close, but allows the free escape of its contents.



## REPORTING COMMON CASES.

MESSRS. EDITORS,—I was much interested in the remarks of the President of the Suffolk District Medical Society at its last meeting, in respect to the advantage of reporting ordinary, as well as extraordinary cases. These remarks apply, I think, quite as well to periodical medical literature, as to Medical Societies. So far as my reading extends, writers for Medical Journals confine themselves to the one remarkable case of the year, or life-time, to the almost entire exclusion of the ninety and nine of every-day practice. Now it seems to me that a change in this particular would be an improvement—a change that would introduce accounts of the most simple and successful methods of treating the most simple and common affections met with in every one's experience. Nor should the medicinal curative treatment alone be considered, but also the preventive, and hygienic, even to the minute details of the latter.

If more attention were given to these *little things* in cause, cure and prevention of disease, we should not be so often found, in our treatment of the minor every-day departures from health, as empirical as old women, though less successful than they. T.

*Haverhill, Mass., Nov. 6th, 1858.*

## QUACK ADVERTISEMENTS IN RELIGIOUS PAPERS.

MESSRS. EDITORS,—If the physician who called your attention to the "Questionable Advertisement" in the *Puritan Recorder*, and who "continues to take the paper for want of a substitute, conducted with more elevated views of what medicine demands of moral and intelligent men," will turn to your JOURNAL, Vol. LVII., No. 16, Nov. 19, 1857, under the head of "Empirical Advertisements," he may find information which will perhaps relieve his anxiety. The *American Presbyterian*, published in Philadelphia, and the *New York Observer*, published in New York City, both take high moral and honorable ground on the subject of empiricism, and well deserve the patronage of our profession. A. C.

*Treatment of Nervous Diseases.*—We take pleasure in calling attention to Dr. Woodward's announcement of his intention to establish a private institution for the treatment of diseases of the nervous system, in Worcester. We are able, from personal acquaintance, to recommend him in the highest manner, as one well qualified by long experience, and by the instructions of his father, the late Dr. Samuel B. Woodward, so well known as one of the most eminent practitioners in this country in the treatment of insanity.

*Sugar in Injury of the Eye from Lime.*—The *Indicateur de Mayence* states that a strong solution of sugar in water, dropped into the eye, is an excellent remedy for the severe injuries to that organ caused by the accidental contact with particles of lime. The solution has the property of dissolving and removing the lime.

Drs. White and Ford, of Charleston, S. C., have made use of the *veratrum viride* and *gelseminum sempervirens* in the treatment of yellow fever during the late prevalence of the epidemic in that city. Their confidence in them as arterial sedatives is such that they will continue their use.

*Yellow Fever.*—The number of deaths from yellow fever in Charleston, S. C., in the month of September, as reported in the *Charleston Medical Journal*, was 399 whites, and 18 blacks. In New Orleans, during the same period, as stated in the *Medical and Surgical Journal* of that city, the total number of deaths by the disease was 1825.

*Dispensary Work in New York.*—New York has five large dispensaries, where, during the past month, 10,385 patients have been treated, and 640 persons been vaccinated. The native-born patients numbered 4,894, a little less than half of the whole. The average of prescriptions was two to each patient.—*New York Times*.

*Croup.*—Croup, so dangerous to young children, has attracted much attention of late among medical men. Dr. J. Cloquet, at a recent sitting of the Academy of Science, presented some interesting observations lately made by Dr. Bouchat on this subject. From these it appears that the third period of the croup is accompanied with a general insensibility or anæsthesia of the skin, which increases as the fibrinous concretions of the larynx extend or thicken, and is not complete except when the obstacle to the entrance of air into the lungs is very considerable and has existed for some hours. This symptom denotes the imminent approach of asphyxia, and calls for immediate recourse to the operation of tracheotomy. The anæsthesia of the skin ceases as soon as the trachea has been opened. Dr. Jodin has also sent in a paper on croup, in which he advocates a new treatment. Starting from the argument that croup and all membranaceous anginae are but parasitical affections, he contends that they require neither general remedies nor cauterizations, and that of all simple remedies, capable of removing these parasitical growths, the perchloride of iron is by far the best. It penetrates through the fungus, modifies the hæmorrhagic state which always exists in the affected parts and in their neighborhood, and, lastly, obliges the patient to expectorate, by which means the false membrane is expelled, and an immediate cure effected.—*Idem*.

*Morison, the Hygeist.*—The following facts regarding this successful vender of pills, we are told, may be relied upon:—James Morison was a Scotchman, and a gentleman by birth and education. His family was of the landed gentry of Aberdeenshire, his brother being "Morison of Bogueie," an estate worth about £4000 a-year, and some of the finest granite-built mansions in Aberdeen—Morison's Hall, for instance, belonged to him. In 1816 James Morison, having sold his commission, for he was an officer in the army, lived in No. 17 Silver Street, Aberdeen, a house belonging to Mr. Reid, of Lowter and Reid, druggists. He obtained the use of their pill-machine, with which he made in their back shop as many pills as filled two large casks. The ingredients of these pills, however he may have modified them afterward, were chiefly oatmeal and bitter aloes. With these two great "meal bowies" filled with pills, he started for London, with the fag-end of his fortune, advertised them far and wide, and ultimately amassed £500,000. Mr. Reid was frequently importuned by Dr. Moir, a fellow-student of the late Sir James Macgregor, under Dr. French, of Marischal College, to write to the *Times* and expose the whole matter, but he never complied.—*London Athenæum*.

A committee has been appointed by the State Medical Society of North Carolina to petition the Legislature for the establishment of a State Medical Board.—Some of our Western brethren are giving their experience in the use of cranberry poultices in the treatment of erysipelas.

*Communications Received.*—Analysis of Urinary Calculi.—Puerperal Convulsions.

MARRIED.—In Waltham, 27th ult., Jno. M. Eaton, M.D., of Plainfield, to Miss Maria Wetherbee, of Waltham.

*Deaths in Boston* for the week ending Saturday noon, November 6th, 58. Males, 23—Females, 35.—Inflammation of the brain, 1—cancerum oris, 1—consumption, 16—cancer, 1—croup, 1—cholera infantum, 1—diarrhœa, 1—dysentery, 2—debility, 2—dropsy in the head, 3—exhaustion, 1—typhoid fever, 3—scarlet fever, 1—disease of the heart, 1—hæmorrhage, 1—hydrophobia, 1—intemperance, 2—disease of the liver, 2—inflammation of the lungs, 7—pleurisy, 1—palsy, 3—rheumatism, 1—scrofula, 1—teething, 3—unknown, 1.

Under 5 years, 22—between 5 and 20 years, 0—between 20 and 40 years, 18—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 37—Ireland, 18—other places, 3.



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## LACERATION OF THE PERINÆUM.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY WILLIAM W. MORLAND, M.D.

*Laceration of the Perinæum during Labor; Operation for its Restoration, by the Quilled and Interrupted Suture; advantage of attempting this in all serious cases, &c. &c.*

MRS. R., a very stout, fleshy woman, of excellent constitution and 32 years old, was taken with the premonitory pains of her first labor about 3 o'clock on the morning of December 5th, 1857. I was sent for at 7 o'clock, A.M., and saw her at 8½ o'clock. Infrequent and premonitory pains, only, were observed; and at 10 o'clock she was in much the same state. At noon, true labor-pains began, but with long intervals; at 6 o'clock in the evening they were stronger and more frequent, but not satisfactorily so. At 8 o'clock, however, their strength increased and the intervals became much shorter, but the labor was prolonged until 5 o'clock, A.M., of December 6th, having been about seventeen hours in duration. The presentation was of the *vertex*; there was much rigidity of the os uteri and of the perinæum; the head was large, very completely filling the pelvic space, but the finger discovered sufficient room. Forceps might have expedited the labor an hour or so, but it was thought better not to use them, the woman being a *primi-para* and the parts rather unyielding. About twenty minutes before 5 o'clock, there came on three or four tremendous pains, in quick succession, the last two distending the perinæum to its utmost; the vaginal outlet seemed very much too small to allow the egress of the head with impunity to the perinæum. Support was applied by the right and left hands, alternately; and once with both simultaneously. The head emerged under the last of the pains above mentioned; the *fourchette* tearing perceptibly, but slightly; the shoulders were retained for several minutes, and passed, finally, with considerable difficulty, under very slight traction, at the next expulsive effort. I immediately perceived that

the perinæum was torn completely down to the *sphincter ani*; the recto-vaginal septum being found intact by digital examination.

The child showed no sign of life, was blue, and could be doubled up like a rag, the head falling loosely about; the cord was feebly pulsating. Marshall Hall's method was at once tried; in a few moments the child gave a faint gasp; there was then a long interval, but perseverance with the motions, without any attempt at artificial respiration by insufflation of air, was finally successful. About fifteen or twenty minutes, by estimate, were thus occupied. The placenta was lying in the vagina, was easily removed, and the woman put to bed.

At 3 o'clock in the afternoon of the same day, with Dr. Gray's assistance,\* I united the rent perinæum with both quilled and interrupted sutures, after Mr. Isaac Baker Brown's method. The lower part of the wound curved a little to the woman's right, was irregularly lacerated, and just entered the edge of the sphincter. Two deep sutures, with waxed twine, were used to hold the portions of gutta-percha bougie acting as quills, and three interrupted ones with saddler's silk, inside of the others, to approximate the edges of the skin. Mr. Brown's recommendation, to divide the *sphincter ani* on each side, in these cases, was not complied with, and there was no occasion subsequently for regretting this. Indeed, it would seem that, in the majority of cases, in the absence of spasmodic contraction of the muscle, this serious addition to the operation need not be made. A wet compress, covered by a dry one, was applied over the united wound. The bowels were freely opened the day previous. At night the patient took two grains of opium; the urine was drawn off by the catheter, and a strip of linen, spread with simple cerate, was substituted for the wet compress. The patient was enjoined to lie on the left side, keeping the thighs closely together; they were not bound together. The strictest cleanliness was directed, and she was desired to retain her urine until the morning visit, which she did without inconvenience.

Dec. 7th, 9 o'clock, A.M.—The patient passed a comfortable night and slept soundly; no pain of any sort; no soreness of the abdomen or wound; she is cheerful; the skin is cool. Catheterism. Careful dressing of the wound, as before. 5½ o'clock, P.M.—Catheterism. Opium pill (one grain) at bedtime.

8th, 9 o'clock, A.M.—Night good; some soreness of the parts. Catheterism. Opium pill (one grain) at 3 o'clock, P.M.; catheter at 5½, P.M. Two grains of opium at night.

9th.—Same report. Patient was obliged to pass her water, but precautions were used to prevent its trickling over the sutured parts; the linen, smeared with cerate, also keeps the discharges

\* Dr. Gray expressed much interest to know the result of this operation, having had a case of perinæal rupture, the rent extending to the anus, and which, treated by position and cleanliness, only, never united, nor even filled up by granulation. There was thus literally no perinæum.



well from them. One grain of opium at noon; catheterism at night.

10th, 8½, P.M.—Night comfortable; notwithstanding my early visit for the purpose of passing the catheter, she had anticipated me by a few minutes, having voided urine while resting upon her hands and knees, as directed if she could not wait for catheterism. Patient seems bright and well. No swelling of the wound; one spot on the left side somewhat sore; the nurse had used too much friction there in cleansing the parts. Cerate, ablution, syringing of the vagina. One grain of opium at 5, P.M. Catheterism.

11th and 12th.—Same course; doing well. The pulse, throughout, was equable and natural.

13th, 10, A.M.—At breakfast, with an appetite. Complains of weakness. Hitherto has been kept on farinaceous diet solely; may have beef-tea, toast, &c. At 12½, P.M., I removed the sutures; the lower loop of the right quill had become detached since yesterday; the upper one and all the rest were *in situ*. Perfect union seems to have been obtained throughout. The parts were carefully washed, and cerated linen applied. The patient felt "more comfortable" immediately. One grain of opium at 5 o'clock, P.M. There have been no unpleasant symptoms or sensations from the long confinement of the bowels; the diet has been chiefly a liquid one. Assiduous attention to cleanliness is maintained, and quietude recommended.

14th.—Doing well. Two drachms of washed sulphur, with half a drachm of cream of tartar, were ordered as a laxative.

15th.—Wound looking well; the bowels were spontaneously evacuated before the laxative could be taken; she is to have the latter, however (if no other discharge occurs, naturally), to-morrow evening. The dejection consisted of very hard matters, yet no injury was sustained by the parts sutured; the patient had been instructed how to favor the passage of the fæces. The same general course is pursued.

18th.—The perinæum is healed, except at one small spot, where the quilled suture became detached, and at the orifice of insertion of the upper interrupted suture—the latter very slightly open; a probe cannot be passed through; no fistula; touched both spots with nitrate of silver. The patient is sitting up, and complains of nothing except some pain in the back. Advised rest in the recumbent posture, she having been too anxious to get up. The bowels were satisfactorily opened by the medicine given on the 16th, and have acted once since, spontaneously.

21st.—Patient up and dressed; the perinæum looks well; the lower aperture nearly, and the upper wholly, closed; touched them again with nitrate of silver.

30th.—Union perfect; no soreness. Length of the linear cicatrix a full inch—rather more, than less.

*Resumé.*—Patient's age, 32 years. Duration of labor, 17 hours.

Perinæum thick and slow of dilatation. Head of child large, very accurately filling the pelvis. Slight laceration on the passage of the head; complete, on that of the shoulders. Asphyxiated state of the child; restoration by postural respiration. Wound of the perinæum united by quilled and interrupted sutures, ten hours after its occurrence. Sutures retained for seven days.\* Union complete and sound. *Adjunct means.*—Opium (ten grains in seven days), cleanliness, position, catheterism. Urine evacuated solely by the catheter during three days; and partially so for the three next succeeding days, the morning discharge alone being unaided. The patient might have safely arisen from bed in eight days, but was not allowed to do so for twelve. No elevation of the pulse, and no feverishness.

That slight lacerations of the perinæum frequently occur in *primiparæ*, is undoubted; they are most commonly unnoticed, both by practitioner and patient; and when of this description, if discovered, are safely entrusted to the natural reparative powers, with the usual care for cleanliness, &c. It is different in those instances where the rent extends to the *sphincter ani*, leaving only the recto-vaginal septum intact; and it is to this class of cases that consideration is given in this paper—there being no question as to the necessity of surgical interference when the septum is torn, and the two neighboring passages are laid into one. Not infrequently, it may be believed, even the more serious lacerations are overlooked; although such as divide the septum could hardly be so.†

It is conceded that accomplished accoucheurs of long experience sometimes meet with this accident, although it is doubtless very often caused by careless manipulation, neglect of proper perinæal support, culpable haste in effecting the delivery, especially of the shoulders, and sometimes by the necessary use of forceps—an instance illustrative of the latter cause will be hereafter referred to, whilst examining the merits of the operation for uniting the torn surfaces.

As the etiological portion of the subject is of much interest, I take the opportunity to present the account of a case in which the conformation of the perinæum has furnished the foundation for an explanation of a certain number of examples of the accident. The same cause has been previously assigned. The present case is contributed by Dr. Buckminster Brown, of this city.

“Mrs. W., 20 years of age, was taken in labor with her first child, November 17th, 1850; I was called to her at 1 o’clock at night, and found the head of the child presenting. The *os uteri*

\* The sutures might have been sooner removed, and perhaps with advantage. Too long retention of quills and threads is likely to induce ulceration and even fistulæ. Bérard says four or five days.

† “Fissuring and laceration of the cervix uteri and perinæum are not, as is generally supposed, rare lesions during labor; on the contrary, they are very common occurrences, especially in primiparous labors.”—(SIMPSON. *Obstetric Works*, Part I., p. 330, American Edition.)



dilated well, and the head progressed rapidly. As soon as there was any pressure on the perinæum, this part received firm and steady support. It is well known that the perinæum, under such circumstances, is extremely elastic, and stretches very considerably; making, however, all due allowance for this extension, the length, in this patient, from the *anus* to the *fourchette*, appeared to be much greater than usual. As the *vertex* passed through the *os externum*, a crack was distinctly heard and felt, the intervening tissues tearing and crackling under the hand, like stiff, dry parchment. The part was now still more firmly supported, and the head delivered without further injury. The passage of the shoulders, however, completed what the head had begun, and after the entire delivery was accomplished, a rupture was discovered, extending to the *sphincter ani*. The patient was of an unyielding disposition, and no more active treatment was permitted than the application of cold water dressing, and the passing of a bandage around both thighs, in such a manner as to keep them from being separated. Complete rest in this position was enjoined.

"The result was a partial closure of the wound, leaving the vaginal fissure considerably larger than in the normal condition.

"I have alluded to the unusual length of the perinæum. It is possible that this may be found to be one of the causes of rupture. Other circumstances, undoubtedly, at times occasion this disaster—such as the large size of the child's head, &c.; but it may also, and not infrequently, arise from a remarkable length of the perinæum—this part extending upward so as to occlude, more than usual, the natural pelvic opening.

"The condition here referred to may not be sufficient, in degree, to warrant the term abnormal, and yet it may exist to such an extent as to obstruct the easy exit of the child, and, in other cases, to render parturition impossible without its removal.

"It is well known that this accident sometimes occurs in the practice of those whose reputation for care and skill is undisputed; where we feel assured that there has been no neglect of all proper precautions, and, also, where the cranial diameters have not been beyond the average, nor other cause apparent which would account for the injury. We must therefore seek elsewhere for its origin. The explanation above given is confirmed by a case recently related to me by Dr. F. H. Gray. In a child three years of age, he found the perinæum extending upward and forward, toward the urethra, so as nearly to obliterate the *os externum*—a small aperture, only, about the size of a crow-quill, being left, close to the *meatus urinarius*. In this instance, there is no decided line or mark to indicate that any abnormal adhesions have taken place, but there is simply a continuation of the perinæum, which will require an operation. Underwood, in his treatise on the Diseases of Children, mentions having met with several examples of this malformation of the external generative parts, in contradistinction to

imperforation of the internal parts, which relates simply to the hymen. Children from three to six years of age were the subjects of this peculiarity as noted by the author cited, who also says, that in other instances the state has been neglected until the age of puberty, or even until marriage, and describes the operation which should be done for its relief.

"These are, of course, extreme cases; an approximation, greater or less, to the same condition, without doubt more frequently exists. This may be so slight as to attract no attention, and it is in such cases that the practitioner is liable, perhaps to his surprise, to meet with laceration of the perinæum."

This peculiar conformation of the perinæum alluded to by Dr. Brown, may explain the accident in some cases, but the number, it would seem, must be comparatively small—at least of such as present the condition in a very marked form. In a case, the record of which has been shown to me by Dr. J. B. S. Jackson, and which will be subsequently cited for another purpose, it is especially mentioned that the perinæum "was very rigid and long." No *measurements*, however, are reported by either of these gentlemen, which is a matter for regret, since the length of the *perinæa* could then have been compared with the recognized average standard. This latter it may be advantageous to mention here, with especial reference to the spaces noted, by measurement, in one or two cases observed by myself. The perinæum, usually, is from one to one and a half inches long in those who have not borne children.\* Obstetric writers are accustomed to pronounce it "of course" shorter in those who have (Churchill, Simpson, *et al.*); yet *multiparæ* as well as *primiparæ* have been the subjects of the accident. If it be thus uniformly shorter in the former, it may be supposed nearly certain that incomplete closure of the slighter solutions of its continuity is the cause. Churchill refers to the fact of its occasional inordinate length (or "breadth" as he terms it), as mentioned above by Dr. Brown. He classes it as one of the "abnormal deviations," and ascribes to it the risk of increased liability to laceration. (*Theory and Practice of Midwifery.*) The same condition is recognized as a predisposing cause by Mr. I. B. Brown, of London, in his treatise on "Some Diseases of Women admitting of Surgical Treatment," when he speaks of the perinæum being in some women "so lengthy, that is, extending so far forward, that it is distended by the advancing head like a bag, the *os externum* meanwhile remaining nearly quiescent; in other words, the propulsive efforts of the womb drive the child's head against the broad surface of the perinæum instead of toward the external outlet." (*Op. cit.*, Amer. Edit., p. 16.) It is especially necessary in these instances to apply support to the perinæum judiciously; and so that the head may be directed up-

\* Cazeaux says, nine-tenths of an inch, to one inch and a half; Bérard, twelve to fifteen lines; Cruveilhier, eight to ten, on the average.



ward and forward, rather than permitted to be forced directly against the unusually long perinæal surface.\* It is also recommended "to introduce the thumb and finger of the right hand as far as the vertex," and thus guide the advancing head in the right direction. (*Auct. cit. et. al.*) This I have often found advantageous in cases not presenting any unusual length of perinæum.†

Mr. Ashton, in his late work on the Rectum, speaking of perinæal laceration affecting that intestine, alludes to the occasional unusual length of the perinæum as an element in the production of the accident.‡

One of the chief objects of this paper is to discuss the question of employing surgical remedial measures in that form of laceration observed in the case first narrated, viz., where the rent extends to the sphincter—Mr. Brown's "third variety." It may be said, generally, that the latest and best authority is in favor of interference, but that a thorough operation is but infrequently done, at least in this vicinity. The ill success which attended efforts recorded some time since, is, I believe, mainly attributable to the want of sufficient support of the edges of the deep and gaping wound. It is but rarely that the simple interrupted suture suffices to maintain the torn surfaces in apposition; but the conjunction of quilled and interrupted sutures has, if I am not mistaken, proved uniformly successful. This late modification of suture-process in these cases, and which, as has been stated, is due to Mr. Brown, seems never to have suggested itself in any degree to the older observ-

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\* Churchill, also, very properly insists upon the true mode of applying pressure, and speaks strongly of the harm that may easily be done if it be wrongly used. "I believe," he says, "that it would be better not to touch the perinæum than to make injudicious pressure; it has been my lot to witness more than one case where rupture was owing to excessive and injudicious support." (*Theory and Practice of Midwifery*, p. 181, Eng. Edit.) Dr. Simpson, of Edinburgh, whilst he admits that support, rightly applied, may often modify and diminish perinæal laceration, says that it fails far more frequently than is generally supposed, in entirely preventing it. (*Obstet. Works*, Part I., p. 330.)

† In the "Quarterly Report on Midwifery," in the *British and Foreign Medico-Chirurgical Review* for Oct., 1858, the following analogous views of Dr. Mattei (*Vierteljahrsschrift f. p. Heilk.* 1858) in relation to prevention of laceration of the perinæum are given:—"It is especially necessary that the head pass the vulva in a favorable direction. This can only happen when it passes with the necessary degree of flexion. Whilst the occiput passes under the pubic arch, the face has not yet quitted the pelvic outlet; first when the upper part of the neck comes under the pubic arch, can the extension of the head (or the separation of the chin from the breast) begin. If the distension of the perinæum begins too early, the head must pass the vulva with unfavorable diameters—namely, with the great oblique, or great or straight diagonal diameters. Such a passage easily causes laceration. Hence it is the task of the physician to prevent a premature distension of the head. This he effects by placing two fingers between the labia, or in some cases between the pubic arch and occiput, so as to bring the head downward and outward, at the same time laying the other hand on the hinder part of the perinæum, upon which the face is lying, and pushes this upward. This manœuvre is to be executed during the pains, which will thus protrude the head forward in the requisite arc. A very simple means of expediting the birth of the head, consists in compressing firmly the distended perinæum with the whole hand. This resembles the squeezing out of the kernel from a cherry. On the passage of the shoulders, care must also be taken lest the two shoulders pass together."

I have often firmly compressed the distended perinæum with the hand, as above stated; but was never aware that it expedited the birth of the head. Generally, at the time of such marked distension, the head is so near delivery, that it would be a nice point to decide whether any manœuvre hastened its egress or not.

‡ "The perinæum may be preternaturally broad." (*Op. cit.*, p. 322.) By "breadth" is of course meant *length* between the vagina and anus. I am at a loss to understand why the term "breadth" is thus used by several English authors.

ers; and the failure, where sutures or ligatures were tried by them, is ascribable to the lack of support and the non-antagonized action of the perinæal muscles. The accident was early recognized. Celsus referred to rents about the vulva, but did not describe entire perinæal rupture. Ambrose Paré advised sutures; but many later practitioners thought them unnecessary; Duparcque even, was one of these. Strange to relate, Boyer condemned all attempts to heal a perinæal laceration. (Brown, *op. cit.*) Dieffenbach advised the closure of every rent, however slight, by sutures; otherwise, he taught, the healing would be superficial, the vulva enlarged, and consequently less, or almost no support afforded to the pelvic viscera. (*Dict. de Méd.*) And these reasons are urged upon our attention by other surgeons in very strong terms. In a limited degree, I can bear testimony to their entire justice. To sutures, Dieffenbach added incisions at the sides of the rent, and sometimes transplantation of integument, in case of loss of substance.\* Opium was also freely used by him. The *sphincter ani* he never divided. In England, Mr. Brown tells us, the practice has been to trust almost entirely to Nature, neglecting manual interference; and a distinguished obstetrician is cited by Dr. Barnes as "consoling his brethren under the disappointment of baffled art, by assuring them that it is better not to cure the whole laceration."—(*Lancet*, Vol. II., 1849, and I. B. Brown, *op. cit.*, p. 19.) Such, as I previously stated, is still the general custom in this country, although the use of the suture has come more into vogue quite lately.

It is curious to read the unfavorable estimate of such men as Blundell in reference to attempts at effecting union. His expressions are, "in general we are totally disappointed"; "a ligature may, now and then, perhaps, be inserted into the perinæum with advantage"; when union can be accomplished without sutures by "adhesive plaster only," that mode "is to be preferred." Such a result must be impossible in bad cases, and of course is not to be thought of in the form of laceration at present considered. "Even when re-union is accomplished," continues Blundell, "I suspect it is, in a manner, more apparent than real; for I doubt much whether the parts are ever brought back into the state in which they were before the occurrence of the accident." This assertion could not be made at the present day.

The French surgeons have been conspicuous in prosecuting attempts with the suture, and more or less success has attended their efforts. M. Bérard furnishes a full and instructive account relative to the whole subject, in the twenty-third volume of the *Dictionnaire de Médecine*, in which he alludes to the neglect of operative measures by the English surgeons. Mr. I. B. Brown's work supplies us with the "Cases on Record" in medical Journals, and in one or two works on the subject.

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\* A process of late successfully revived by Mr. Brown, Mr. Fergusson and others.



In addition to the testimony recently afforded of the desirability of the operation, its absolute necessity, not only in the graver cases where the *sphincter ani* is torn through, but in the form next in severity, and which I have particularly referred to—the sphincter being intact—may be easily inferred by all who are familiar with the very possible, and nearly always probable, results. Mr. Brown very distinctly enumerates the reasons for operating; he says—“The third variety, in which the perinæum is lacerated, but the sphincter remains entire, is still more an object for treatment. Although the functions of the rectum are not disturbed, yet a rupture of this sort, left to itself, entails many evils; for, besides those immediately attendant on the enlarged vulva, there are others due to the want of support to the pelvic viscera; hence prolapsus uteri, displacement of the bladder (cystocele), or of the rectum (rectocele), and symptomatic disorders consequent on such dragging down. Wherefore every instance of this degree of laceration requires operative treatment. For, when left to nature, even if closure of the fissure occurs, adhesion is apt to be superficial, and the contraction ensuing upon the process of reparation is such as to draw backward the parts toward the anus, enlarging the vulva, and so predisposing to pelvic displacements.”—(*Op. cit.*, pp. 36, 37.) Of the latter condition of the parts, I lately saw an instance in a patient of my own, a stout woman of 23 years, in whom laceration took place three years since, during labor with her first child. Wishing to compare the perinæal space with that obtained in the patient whose wound I united with the quilled and interrupted suture, I obtained permission to examine and measure it. Not quite half an inch of sound space intervened between the *sphincter ani* and the lower vaginal commissure. The latter was, moreover, bevelled downward, and had a semi-mucous-membrane aspect; so that but a few lines of actual *integument* could be said to exist.\* The vaginal outlet seemed enormous, when compared with the other patient's vulva, or estimated by the usual standard. It is but right to say that there was no prolapsus either of the uterus or bladder; yet the patient complained of a sense of looseness and weakness of the parts. I have previously stated that a careful measurement of the other (sutured) patient's perinæum, gave a full inch, and rather more than less, for its length; the lower commissure, moreover, was sharply defined, and altogether the restoration may be considered complete. Certainly a preferable result to that in the other case, where position and cleanliness, only, were put in requisition.

If it be said that we do not frequently hear of the *sequelæ* above mentioned as referrible to this species of laceration, it may be replied that, very often, many of these consequences may exist and not be complained of. They may be referred to other sources,

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\* Dieffenbach (*Chirurgie*) strongly represents the undesirableness of this state of the parts.

really not their cause; or they may be but slight, and perhaps easily relieved. Prevention being better than cure, and security than risk, it surely seems an imperative duty to attempt closure of these rents in all cases.

The fact that very often, perhaps in the majority of cases, no soreness or pain is complained of by the patient on the occurrence of laceration, may lead the accoucheur to overlook the accident; and the woman may either be ignorant of it, or shrink from exposing her condition, as she often does the consequences above mentioned. Hence the marked necessity for digital, and even ocular examination of the parts, *post partum*, if any suspicion exist of perinæal rupture.

[To be concluded.]

### AIR CUSHIONS FOR THE SICK.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I was consulted a few days since by a lady, as to the benefits of an air mattress which she thought of getting for a poor woman afflicted with consumption, and who was already suffering much from bed sores. An air mattress is soft—as the elasticity of the air makes it—and cleanly; but, further than these qualities, has no excellence beyond a good *hair* one. It is, if any thing, more heating, from the impermeability of the India rubber tissue of which it is made. The substitute I suggested to the lady, is one that has many advantages, and finding that it is new to all to whom I have mentioned it, I beg to make it more known through your JOURNAL. Get from a butcher a few yards of intestines, thoroughly cleansed; make a number of small pillow-cases or bags of cotton cloth, closed by a drawing string at one end. These should be of various sizes and shapes. Cut the intestines into lengths suitable for filling these. Tie one end of each piece of intestine, turn it wrong side out, blow it up till about three-fourths full, and tie the other end. Introduce this bag of air into its pillow case, and tie the string of it firmly. In this way, at the cost of not more than half a dollar, two dozen air cushions can be furnished, of all requisite sizes and shapes, adapted to any part of the suffering person. Thus, if the shoulder-blade is the region of suffering, a long one, laid diagonally across, from the neck to the side, raises the affected part entirely from the bed and relieves it from pressure. Another one will then be wanted to support the arm on that side. Two, placed transversely under the hips, relieve the sacrum. One under the arm and fore-arm, relieves the elbow; and then by a very little ingenuity of contrivance, any affected part may be comfortably relieved. To make it soft, of course the intestine has to be moistened, but this need not be done to such an extent as to be uncomfortable to the patient; and should



it be desirable, a small quantity of disinfecting fluid or of cologne-water, may be introduced into each cushion—the gradual exosmose of either yielding its qualities to air around.

4 *Staniford Street.*

WM. EDWARD COALE.

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#### THE LONDON PHARMACEUTICAL STORES.

THE first glance at the London dispensing shops, exhibits two very distinct classes; those of the so-called Druggists and Chemists, and those of the Apothecaries or Surgeons. In Edinburgh and Glasgow, the latter class is almost unknown, and the term apothecary is applied to the regular dispensing chemist or pharmacist; here in London, however, a very distinct line is drawn, and the eye is arrested here and there by the sign of a surgeon who displays the large bottle of colored water in his window, and supplies medicines, besides giving advice, and performing the offices of cupper, leecher, and tooth-extractor. These surgeon-apothecaries constitute a very important element in English practice, corresponding, though not exactly, to our country physician, who, for want of a pharmacist in his neighborhood, is obliged to meet all the requirements of the people in medicine and pharmacy. Here the want of pharmacutists is not the excuse for combining the two professions in one, but an old English custom, which has been strengthened and perpetuated by the existence of a long-established chartered institution for the manufacture of medicinal compounds, and of these general practitioners. There is an upper and lower class in almost every English institution: first, second and third class carriages on the railways; first and second class seats in the public exhibitions; first and second class waiting-rooms and restaurants at the stations; first and second class parsons for the spiritual care of the people, and first and second class doctors to administer to their physical ailments; and these surgeon-apothecaries, having graduated at Apothecaries' Hall, after a long and laborious apprenticeship, and pretty searching examination in anatomy, surgery, midwifery, materia medica, and pharmacy, are licensed to fill the important station of second class doctor and apothecary. They are consulted in many trivial cases where a physician would not be sent for, and are the main dependence of that very numerous part of the population who cannot afford to pay the guinea fee demanded by the more eminent medical practitioners, and who, naturally enough, believe that there is great saving in getting their advice and medicine at the same shop.

Passing by the shops of the apothecaries, as not pertaining to the objects of this letter, let us take a somewhat more particular view of the dispensing shops of this great metropolis of the world; and here the first observation which it occurs to us to make, is one which applies equally to almost all branches of business—the ab-

sence of outside show. While in *our* large cities, a pharmacist who would excel, thinks it necessary to be on the corner of two prominent streets and to have two or more bulk-windows full of showy goods, some of the most celebrated establishments in London, or in the world, such stores as those of Allen & Hanburys and Jacob Bell, might be passed daily for weeks without attracting special notice, unless, perhaps, owing to the numbers passing in and out. There are, however, some elegant drug-stores in London. Several were observed in Bond Street, which, as all the world knows, is one of the headquarters of aristocratic shoppers; indeed, as a general rule, there appears no lack of substantial fittings, and of finished and even elegant shop furniture in the metropolitan drug stores. There is, perhaps, in most cases, a more professional aspect about them than with us, though ample displays of fancy and toilet articles, glassware, &c., occupy the windows and show cases. This remark applies also, to a certain extent, to the shops in most other cities I have visited in England; there is an elegance in the fittings of the shops, which shows a large expenditure and produces a favorable impression of the permanence of the concern as a pharmaceutical establishment, without the idea of an extensive fancy business being necessarily connected with it.

In England, *age* is used as a recommendation to a business concern, much as *novelty* is with us. "Established in 1750," will be as good a sign over the door in England, as "the new and improved" is in America. This, in fact, constitutes one of the chief points of difference between the two nations; an Englishman loves to keep the same shop and in the same way as his grandfather, while a Yankee will be quite as apt to "pull up stakes" and move off with any little change in population or in fashion. There are many more here, than with us, who follow what we call in America clerking, and fewer who, with deficient means, attempt the establishment of new shops; as a result of this, those who are well established reap larger returns, and have the means to extend their business and to increase their facilities. Going behind the scenes in one of these pharmaceutical worlds, as they appear to the unaccustomed stranger, those wonders in English pharmacy, which have puzzled him since his novitiate, are, one by one, rendered plain to his comprehension. Passing from dispensing counter to prescription department, from this to poison-room, thence to store-rooms and laboratories, he begins to comprehend how, by the systematic division of labor and responsibility, the business of ten ordinary dispensing shops can be successfully carried on in one.

We have been so accustomed to get many of our finest preparations from across the water, that a peculiar interest attaches to those establishments in which they are produced, and to the processes by which they are brought to such perfection. I have enjoyed many opportunities of studying these, of which the readers of the *Druggists' Circular* will probably obtain the advantage at



a future time, when the hurry and bustle of sight-seeing shall yield to the usual routine of home duties.

If I were to speak from my present impressions of English pharmacy, I should certainly be led to contrast it very favorably with our own, and yet the slowness and resistance to innovation, which is a notable characteristic in the English, is productive of great disadvantages. A pharmacist in a conspicuous situation in Liverpool, being applied to for some pills of Quevenne's iron, was wholly ignorant of the preparation, even after I named to him its character and several synonyms. When I told him it was a French preparation, he referred me to a French pharmacy where he said I could probably get it, if it were to be had at all. At a leading store in Manchester, they had just sent up to London for some wild cherry bark to fill a physician's prescription, in which it was ordered in *decoction*. They knew scarcely anything of this drug or its properties, and had not been in the habit of keeping it. As to citrate of magnesia, which originated in France, and some ten years ago attained a popularity in America which has gone on increasing, until now it is one of the leading articles of manufacture and sale in all our stores, it is scarcely known in England to this day, and the impression seems to prevail that it must be a very inactive preparation. Some of my customers, I know, would indulge a feeling akin to pity for a people who had not yet learned to avail themselves of this agreeable substitute for Epsom salts; and what would our physicians do without wild cherry bark and Quevenne's iron?

In making these strictures, I do not design to reflect upon the English pharmacists, many of whom, doubtless, feeling that it is the province of the physician to prescribe, believe that all that is required of them is to keep in perfection, and dispense with accuracy and care, the medicines called for in prescriptions. In our fast country, the pharmacists have learned to take the initiative, and to bring before the physician all the new remedies which the multiplied resources of their art can furnish; but for this, excessive competition would long since have eaten us up; with it, we manage to gain a fair share of business, and to lead, rather than follow the medical profession, in the march of improvement consequent upon increase of knowledge and the extension of science. There is much less undisguised quackery in our profession in England than at home. There are fewer empirical preparations, and, I should think, a larger proportion of prescriptions; there is less variety, however, in the preparations, and perhaps more precision and care expended on those prepared and dispensed. Let us emulate this virtue of accuracy and precision in our practice, without giving up the progressive ideas and tendencies which pertain to our cosmopolitan republic; thus shall we secure the future reputation and greatness of our American pharmacy.—*Correspondence of the Druggists' Circular.*

### Bibliographical Notices.

*Practical Dissections.* By RICHARD M. HODGES, M.D., Demonstrator of Anatomy in the Medical Department of Harvard University. Cambridge: John Bartlett, Bookseller to the University. 1858. Pp. 254.

IN our issue of Nov. 4th, 1858, we alluded to this volume, as having just appeared, and merely indicated the intention it was designed to fulfil, and the place it is meant to occupy.

We now present it to our readers with more particularity. And first, in the words of its author, it "is not a Treatise on Anatomy, nor in any way a substitute for one. It is intended to be simply a practical guide in the ordinary dissections of the medical student, describing on the same page, and in connection, the muscles, nerves, arteries, veins or other structures, which are conjointly exposed, and only so far as exposed, in dissecting any one of the parts into which the dead subject is usually divided."

In the above paragraph, we have the *general anatomy* of this admirable little volume; and, on examination, we find the description truthfully carried out. To the dissector, the book possesses an inestimable advantage, in that his work is systematically laid out for him in convenient parcels, each containing a suitable daily task—and in that task, he has every thing, essential, directly under his eye in the book, whilst, by its aid, he may readily have the parts described under his hand, also. This is a great advantage over the plan, hitherto almost constantly in vogue, of taking bulky anatomical treatises, or nearly as cumbrous "Dissectors," into the dissecting-room. Where *every* anatomical detail is given, the student must turn from page to page to find his land-marks, and much time is spent which might be saved, by the condensation or grouping-process adopted by our author. Then, the dissector remembers these daily *tableaux* of dissection much more vividly, when he is thus guided; and can, with far better advantage, refer to more ponderous tomes at his leisure.

Dr. Hodges has adopted an entirely "arbitrary" order; but one, he tells us, "which an experience of seven years in demonstrating, and more than ten in the special study of anatomy, has shown to be the most convenient in the dissecting-room, and the most economical of material."

After referring to the advantage of "mapping out the labor before the dissector," into daily portions, as both advantageous in itself, and affording opportunity for preparatory study, the author mentions that he has prefaced the daily studies in dissection by practical suggestions, "and the best method of demonstrating the various regions and parts of regions." We think it a wise and reasonable thing, also, to have excluded illustrations. These, which are so important in systematic and full treatises upon anatomy, are objectionable, upon grounds well set forth by the author, in such works as the present. "Illustrations have been omitted, for the reason that they add to the expense of a book, often without enhancing its real value, and from a belief that they are liable to great abuse, by distracting attention from the descriptive text to the numbered references, the simple verification of the latter taking the place of the full information only to be obtained from the former."



We quote the concise and clear "maxims for the dissecting-room:"

"I. Cover the part with damp cloths after dissecting. Drying is worse than decomposing.

"II. Put all the fragments on a piece of paper, which, with all fluids, are to be removed as they accumulate.

"III. Make everything tense, if possible, before dissection, and complete the dissection of one thing thoroughly, before another is commenced.

"IV. Never leave a muscle till you come to bone at both ends—if there is bone.

"V. Let the eye go before the hand, and the mind go before the eye.

"VI. Know what the books say, and cross-examine them in presence of the subject."

The "maxims" will be allowed to be most excellent and pertinent.

We observe, in two or three instances, that Dr. Hodges takes advantage of mnemonic signs, to aid the student in bearing parts and the relations of vessels or organs to each other and to other parts, in mind. Thus, on page 90, a foot-note reads—"The first two letters of the word 'biceps,' that being the muscle with which this vein [the axillary] is in relation, will give the student a mnemonic aid to retain in his mind the relative position of the basilic and cephalic veins. (B. I. basilic, internal.)" Page 103 affords us another example:—"The letters L. M. (so familiar in another connection), will give the student a mnemonic key to the side to which the mitral valve belongs. (L. M. left, mitral.)" Again, at page 215, we find an illustration of the same sort, which quite comes home to us:—viz., "The student of this locality [posterior femoral region] can assist his memory to retain the fact that the biceps forms the outer hamstring, by the first two letters in the word *Boston*. (B. O. biceps, outer.)"

We present one or two specimens of the manner in which Dr. Hodges *treats his subjects*. And first—taking our selections almost at random—we quote the preliminary directions for dissection of the perinæum. "The dissection of the perinæum interfering with that of other parts of the body, should consequently be made in common, the dissectors mutually agreeing to suspend operations until it is accomplished. It can be done advantageously only on the male subject.

"The legs being flexed, the thighs are bent upon the trunk, and the nates made to project over the edge of the table, preserving the position by one or two turns of a cord carried round the right knee, then under the table to the left knee, and finally made fast by again attaching it to the right knee. The subject being thus placed, the scrotum and testicles should be lifted on to the pubes, and kept out of the way by hooks or pins; the rectum is to be distended with cotton wool, tow, or similar material, and when well filled, the anus should be made to project by pressing it downward from within the pelvis. The perinæum being washed and shaved, is then ready for dissection. An elliptical incision, commencing at the root of the scrotum, its long diameter corresponding to the median line, should include the anus, and be limited by the coccyx posteriorly; the integument is then to be dissected upon all sides toward the anus."

Take the following example of description of a muscle:—"The *At-trahens aurem* is the most anterior of the extrinsic muscles; it arises, fan-shaped, from the epicranial aponeurosis, and its fibres are directed backward to be inserted into the anterior part of the rim of the ear.

It is often wanting, or its place is supplied by the anterior fibres of the attollens aurem." Our own ear is pleasantly attracted by this neat description.

In conclusion, we congratulate medical students, and practitioners who desire to refresh their anatomical memory, upon the appearance of this handy, compact, reliable and appropriately clothed volume. A peculiarity which will at once be noticed, is the tint of the paper—a color selected by the author as being that best suited to the atmosphere to which the book must become accustomed, and to the nature of the contact it will have to endure. The crimson back and corners constitute a no less fitting livery. We again confidently express our former opinion, that the volume will be as useful as it was needed; and that it will command a large sale. It is to be had at the various bookstores and at this office.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 18, 1858.

### SIXTY-SECOND ANNUAL REPORT OF THE BOSTON DISPENSARY.

A COPY of this Report has been laid upon our table, and we have read it with much gratification. We wish every substantial citizen, who regards, as all ought, the welfare of the sick poor, and who would like to know what is done for them now, and what has long been done, could peruse these pages attentively. Little else would be needed, we think, to induce the charitably inclined to place this time-honored Institution upon a footing which would enable it fully to carry out the work for which its managers believe it designed. And the time is coming when this will be effected. It cannot be, in a community like ours, that a worthy object of this nature will long be unattained.

We trust, moreover, that those who are at all interested in the success of the Boston Dispensary, whether they are now contributors or not to its funds, will increase their interest by visiting the Central Office during any of the working hours. They will most assuredly be convinced that *something* is being done, and that much more might be done.

This Report is signed by the Executive Committee, Messrs. Wm. R. Lawrence, J. Huntington Wolcott, and S. E. Guild, Esqrs., names which give importance and confidence to its statements. It was put forth upon the Sixty-second Anniversary of the Institution, and begins with some interesting facts forming a partial statement of its previous history, prepared evidently after much research and under unusual difficulties. The "absence of all records prior to the year 1827" has prevented the presentation of a complete account from the birth of the Society.

We commend the facts presented, to the attention of the community generally; and it is greatly to be desired that the "missing records" may yet be found. In case they should, we are in hopes the recommendation of the Committee will be carried out, viz.: "that a com-



plete list be prepared for preservation, containing the names of all the past officers of the Society, with the date and term of service ; also the names of all benefactors, with the amount of their donations."

The Report terminates with an account of the change lately effected in the management of the Dispensary, and statistics are presented, showing the working of the new and improved system.

We cannot do better than to close our remarks with one or two sentences from the Report itself :—

"The result of charitable effort cannot always be seen ; and, though charity has its own reward, it may not be of that tangible kind which permits the benefactor to witness the results of his bounty. His gifts may be misapplied, or his well-intended act may minister to the injury rather than to the benefit of the cause which he wishes to promote.

"In our peculiar sphere of labor, we have the daily satisfaction of witnessing the good done to those whose subsistence depends upon the full possession of health and limb. It is difficult to realize the immense amount of relief afforded to the laboring poor in their minor ailments, by the simple appliances of medicine and surgery, and especially when the doors of an Institution like our own are daily thrown open to all who have a claim upon it."

And on succeeding pages we have the following significant and plain statements :—

"It is no small charge to care for the sick poor of a population of 160,000. We have all the machinery to do this most efficiently, but we have not the means. Our whole income for the past year, including a liberal appropriation from the Trustees of the Lying-in Hospital for a particular class of patients, has not sufficed for the necessary expenses. We have been consequently obliged to discontinue the dispensing of medicines in the outer sections of the city, and thus compel patients to travel long distances to obtain them at the Central Office.

"The amounts received from annual subscribers were—

|         |           |       |
|---------|-----------|-------|
| In 1801 | - - - - - | \$505 |
| In 1810 | - - - - - | 1,090 |
| In 1816 | - - - - - | 1,115 |
| In 1825 | - - - - - | 985   |
| In 1845 | - - - - - | 1,065 |

But they have been reduced, during the present year, to \$405. This deficiency arises from an impression in the community, that the Boston Dispensary is a richly endowed Institution, having no need of patronage from without. Our means would be ample were we content to remain in a condition of inefficiency, without regarding the obligation devolving upon us—to meet the wants of an increasing population.

"It is true, that the Dispensary, as a residuary legatee, will have an addition to its funds many years hence ; but those funds will be required, and more than required, to carry out the views of the benevolent testator.

"We have need of present aid ; and trust that the City Government, in imitation of the example of New York toward her five Dispensaries, will help in caring for its own poor by affording aid to an Institution which has a special claim upon its favor.

"We appeal also to individuals to sustain us in carrying on this work commenced by our fathers, and which we are bound by every moral obligation to continue."

#### ANÆSTHETICS.

We quote the following article from the *Lancet* for October 16, 1858, and have no doubt that all it asserts is true. Indeed, we have looked over the late Dr. Snow's work with much interest, and can heartily join in the recommendation of the *Lancet*, to give this "valuable monograph" a "thoughtful perusal." Notwithstanding all that is said, however, even by the highest authority, we believe the time is not far

distant when chloroform will be abandoned as an anæsthetic agent. We again ask, why use an article of such uncontrollable power, when we have an equally reliable one in ether, and one which is entirely safe? It is notorious, that under the best conditions, and in the most careful hands, chloroform is a dangerous weapon. It is only lately that Mr. Erichsen, high surgical authority, has stated, both publicly and privately, that he uses chloroform as he would take an *express train*, ignoring, or risking, the dangers of extra velocity. Now, is it not better to travel on the anæsthetic track a little more slowly, and be safe in our journey? Mr. Erichsen himself intimates as much as this; and the evidence of every day only confirms us in the opinions we have expressed.

“The frequent recurrence of death from the administration of chloroform during the last few weeks has induced a feeling of uneasiness and distrust of this agent both in the profession and out of it. It is very certain, however, that a great part of this feeling might very advantageously be transferred to the mode of administration which is still in vogue. It must not be forgotten that, in all these cases, the chloroform was administered loosely on a handkerchief, and in more than one instance, as has been proved, it was of a thickly-woven texture, which did not allow of a free passage of air. This mode of administration is, we think, most unjustifiable. The experiments of the late Dr. Snow conclusively showed the necessity of carefully regulating the proportion of vapor in the air inspired. We strongly recommend to thoughtful perusal the valuable monograph on the subject of Anæsthesia which he has bequeathed to the profession. No one can rise from reading this valuable digest of a wide experience and the observation of ten years of scientific and practical labor, without a feeling of regret that so much carelessness should still prevail in the administration of this most potent vapor, and a sense of the necessity for a more extended instruction in the principles of anæsthetization. We commend the following sentences to the very careful consideration of surgeons:—

“The great point to be observed in causing insensibility by any narcotic vapor, is to present to the patient such a mixture of vapor and air as will produce its effects gradually, and enable the medical man to stop at the right moment. Insensibility is not caused so much by giving a dose as by performing a process. Nature supplies but one mixture of diluted oxygen, from which each creature draws as much as it requires; and so, in causing narcotism by inhalation, if a proper mixture of air and vapor is supplied, each patient will gradually inhale the requisite quantity of the latter to cause insensibility, according to his size and strength. It is, indeed, desirable to vary the proportions of vapor and air, but rather according to the purpose one has in view, whether medicinal, obstetric or surgical, than on account of the age or strength of the patient; for the respiratory process bears such a relation to the latter circumstances, as to cause each person to draw his own proper dose from a similar atmosphere in a suitable time.’

“The proportion of chloroform most suitable to produce insensibility, Dr. Snow found to be about four cubic inches of vapor, or rather more than five grains of chloroform to one hundred cubic inches of air. With a properly-arranged inhaler, it is easily possible to supply the vapor in this fixed position. This simple precaution would rob chloroform of nearly all its terrors and its dangers. It is a very surprising consideration, that while the niceties of surgical manipulation are invariably attended to with the utmost care, the production of anæs-



thesia is very frequently left in the hands of quite inexperienced persons. It is sad to see the issues of life and death treated with indifference ; it would be yet more so, if we were not well aware that the fault is one of thoughtlessness, and that those who have fallen into it will probably shrink from a similar error now that it has been pointed out so forcibly by recent events."

#### REPORTS IN MEDICAL JOURNALS.

A CORRESPONDENT of the *Pacific Medical and Surgical Journal* (October, 1858), writing from Kalamazoo, Michigan, has some very sensible remarks in reference to the accuracy and particularity with which reports of cases and facts should be made in medical journals. We fully endorse his views ; and only have to regret that he has not acted upon his own principles and advice, in the communication to which we allude. He has fished up an ancient account of a report by Dr. John Swett, of Ridgway, New York, which purports to afford an instance of entire separation of the uterus and its appendages, after a labor in which instruments had been clumsily used, and neglect was asserted of the accoucheurs. This account he credits to the Boston Medical and Surgical Journal. Now, if Dr. Cadman, the correspondent of the Pacific Journal, had observed that accuracy in reporting which he so loudly, and, as we have said, so very properly advocates, he would have turned to the number of the Boston Medical and Surgical Journal which contains this report (Vol. XI., No. 14, November 12, 1834), and there he would have found that the article was extracted from the *American Journal of the Medical Sciences* for August, 1834, and that consequently the Boston Medical and Surgical Journal had no responsibility with regard to the statements made. We indeed, at the period mentioned, were innocent both of editorial position and of medical knowledge, but we do not find, at the present day, any ground for the expectation so confidently entertained by Dr. Cadman and "the associate physicians"—who, at the autopsy, found a uterus—that our predecessors in office, who possibly may have known the facts of the dissection—as they are reported—should have felt bound to contradict the previously printed statement, made, as it was, in another journal.

We have nothing, of course, to say in defence of the inaccuracy, which, if we take Dr. Cadman's assertions as evidence, attaches to Dr. Swett's report ; but we certainly have a right to advise Dr. C. to examine his own ground well, before he attempts, even in "a case that occurred under" his "own observation," "to ventilate," as he elegantly terms it, "this important matter."

*Appointments at the Eye and Ear Infirmary.*—Dr. Edward Reynolds having resigned the post of Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, which he has held since the foundation of the institution, the Managers have appointed Dr. J. C. Sharp (hitherto Assistant Surgeon) one of the Surgeons, and Dr. Algernon Coolidge as Assistant Surgeon.

*Galvanism in Dentistry.*—Mr. George Waite, in a communication to the London *Lancet* of Oct. 16th, says :—"From statistics, I am not far wrong in averaging adults sensible of the pain of extraction of teeth under the galvanic current at three to one ; while in the cases of children up to 12 years of age the numbers may be reversed—viz., one to three."

*Southern Cities Healthy.*—The fever has disappeared from Charleston. The *Mercury* says: "since the last two days of grey wintry skies, with cold and bracing atmosphere, all apprehensions of yellow fever for friends coming to Charleston have disappeared. Fires are found in every house, and the most eminent physicians have given their unqualified professional opinions that it is perfectly safe for all to come, whether from the North, East, South or West—from the mountains or the sea. While we heartily congratulate our people that the end has at last come, we confidently invite strangers and unacclimated friends to visit us without fear—and at once." Of the condition of New Orleans, the *Picayune* says: "Dulness and dreariness are banished from the levee. Everywhere there is activity and movement. Every spot is instinct with life. Enterprise rules the hour."

*New York Hospital.*—From the Report of the New York Hospital for the week ending Nov. 12, it appears that from Nov. 5 to Nov. 12 there were admitted 32 surgical and 19 medical cases; 43 persons were discharged or cured, and 4 died within the same period; and there were remaining in the Hospital on the 12th a total of 130 surgical and 83 medical cases, of which 185 were males and 28 were females.—*New York Times*.

*Vaccination in Germany.*—About twenty petitions, complaining of the obligations imposed on all the inhabitants of Wurtemberg to have themselves vaccinated, were lately presented to the Chamber of Deputies of that kingdom. The Chamber referred them to a committee, and the committee, at a late sitting, presented a report, recommending that a special commission should be charged to make a searching investigation into the grievance in question. But the Chamber passed to the order of the day.—*London Lancet*.

*Death from Chloroform.*—Another death from chloroform has taken place. It occurred in the private practice of Mr. Lawrence, of St. Bartholomew's Hospital. The patient was a lady of middle age, and a remarkably healthy woman. The chloroform was administered on a handkerchief.—*Idem*.

*Pine Sap in Phthisis.*—The pine sap, recommended by Dr. Desmarteas as a remedy for consumption, we suppose is simply the juice of the pine tree—any pine tree—as it flows from the incisions in the bark, before it thickens by exposure to the air. It is obvious that it can differ but little, if it differs at all, from the turpentine of commerce. It is by no means a new idea to use the products of the turpentine tree in affections of the lungs, and sometimes, we have no doubt, with decided advantage. Everybody knows something of tar water, and the vapors of rosin, and many persons have great confidence in their virtues. We have known turpentine pills—we don't mean the oil of turpentine, but the inspissated juice—to play the part of a specific remedy in the hands of a quack doctor, who placarded the country with his wonderful cures of consumption. A decoction of larch has been recently recommended in England and Ireland by professional authority, for the like and other purposes. The larch yields turpentine, and therefore it can hardly be questioned that whatever remedial power it possesses is derived from the terebinthinate quality of the decoction. Because it cannot be called a new remedy, is no reason for refusing it a trial.—*Druggists' Circular*.

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*Communications Received.*—Symptoms and Treatment of a case of Tubercular Consumption.—Transactions of the Middlesex East District Medical Society.—Anæsthetics in Midwifery.

*Books and Pamphlets Received.*—Second Report of Quarantine, of the General Board of Health. Yellow Fever. Presented to both Houses of Parliament by command of Her Majesty.—Appendix to the Report of the General Board of Health on Epidemic Cholera of 1848 and 1849. Presented to both Houses of Parliament by command of Her Majesty.—Transactions of the Third Session of the Medical Society of the State of California.—Inaugural Dissertation on Strychnia. By Alexander P. Reid.—Address to the Graduates of Atlanta Medical College. By Custis B. Nottingham, M.D.—On Amputation by a Long and a Short Rectangular Flap. By Thomas P. Teale, F.L.S., F.R.C.S., Surgeon to the Leeds General Infirmary. (From the Author.)

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DIED,—At Chicago, Ill., 6th inst., Dr. George Foster, formerly of Roxbury, Mass., 30.

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*Deaths in Boston* for the week ending Saturday noon, November 13th, 75. Males, 34—Females, 41.—Disease of the bowels, 2—burns, 1—cancer, 1—consumption, 16—croup, 1—dysentery, 2—dropsy, 2—dropsy in the head, 5—debility, 2—infantile diseases, 4—scarlet fever, 4—typhoid fever, 1—gastritis, 1—disease of the heart, 2—hæmorrhage (of the lungs, 2; breaking of a bloodvessel in the brain, caused by lifting a barrel of flour with his teeth, 1), 3—intemperance, 1—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 3—old age, 4—pleurisy, 2—teething, 6—tumor (in the brain), 1—unknown, 3—whooping cough, 3.

Under 5 years, 32—between 5 and 20 years, 2—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 48—Ireland, 23—other places, 4.



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## ANALYSIS OF 171 URINARY CALCULI IN THE WARREN MUSEUM, WITH SOME REMARKS ON THEIR FORMATION.

[Read before the Boston Society for Medical Observation, November 1st, 1858, and communicated to  
the Boston Medical and Surgical Journal.]

BY JAMES C. WHITE, M.D.

I HAVE lately finished an analysis of a collection of urinary calculi, forty-eight in number, presented to the Warren Anatomical Museum of the Medical Department of Harvard University by its founder, the late Dr. John C. Warren. Unfortunately, the history of these specimens has not been preserved, but from the fact that in almost every case only one half of the calculus is found, it would seem that they were either purchased or obtained by exchange from foreign museums. The analysis has been conducted, as in a former instance, almost wholly by the aid of the chemical microscope, and the results are therefore much more exact than those obtained by the old methods, which are still taught in some of the European schools. In every instance the nucleus and each layer have been separately examined, and the general results are given in the following tables.

TABLE I.

|                                                                      |   |   |   |   |   |   |   |   |    |
|----------------------------------------------------------------------|---|---|---|---|---|---|---|---|----|
| Nucleus consisting of uric acid                                      | - | - | - | - | - | - | - | - | 1  |
| "        "        "        and urate of ammonia                      | - | - | - | - | - | - | - | - | 16 |
| "        "        "        "        and urate of lime                | - | - | - | - | - | - | - | - | 9  |
| "        "        "        mixed urates, and oxalate of lime         | - | - | - | - | - | - | - | - | 10 |
| "        "        "        "        "        and phos-               | - | - | - | - | - | - | - | - |    |
| "        "        "        "        "        phate of lime           | - | - | - | - | - | - | - | - | 5  |
| "        "        oxalate of lime                                    | - | - | - | - | - | - | - | - | 3  |
| "        "        phosphate of lime, and triple phosphate of ammonia | - | - | - | - | - | - | - | - |    |
| "        "        and magnesia                                       | - | - | - | - | - | - | - | - | 1  |
| "        "        a concretion of organic material                   | - | - | - | - | - | - | - | - | 1  |
| "        "        a piece of coke                                    | - | - | - | - | - | - | - | - | 1  |
| "        "        a bullet                                           | - | - | - | - | - | - | - | - | 1  |

Total - - - - - 48





TABLE VI.

|                    |           |                                          |   |   |   |   |   |   |   |   |     |
|--------------------|-----------|------------------------------------------|---|---|---|---|---|---|---|---|-----|
| Calculi containing | uric acid | -                                        | - | - | - | - | - | - | - | - | 132 |
| "                  | "         | urate of ammonia                         | - | - | - | - | - | - | - | - | 114 |
| "                  | "         | " lime                                   | - | - | - | - | - | - | - | - | 32  |
| "                  | "         | " soda                                   | - | - | - | - | - | - | - | - | 32  |
| "                  | "         | " magnesia                               | - | - | - | - | - | - | - | - | 15  |
| "                  | "         | " potash                                 | - | - | - | - | - | - | - | - | 9   |
| "                  | "         | oxalate of lime                          | - | - | - | - | - | - | - | - | 79  |
| "                  | "         | phosphate of lime                        | - | - | - | - | - | - | - | - | 58  |
| "                  | "         | carbonate of lime                        | - | - | - | - | - | - | - | - | 20  |
| "                  | "         | triple phosphate of ammonia and magnesia | - | - | - | - | - | - | - | - | 34  |

In only 16 out of the whole did the calculus consist of but a single ingredient. In 45 there were two constituents; in 53, three; in 24, four; in 13, five; in 9, six; in 6, seven; and in 1, eight.

Table I. shows us how, almost without exception, uric acid and its near relative oxalate of lime form the starting point or nucleus, and how seldom, consequently, were it not for the precipitation of this acid or its salts from the urine, should we meet with this distressing disease. Unfortunately, we have no means of knowing what determines the formation of nuclei, and why one individual may for years pass urine turbid with crystalline or amorphous calculous material and still remain free from this trouble; and why a calculus, on the other hand, may form within the urinary system of another, and give no hint of its existence till it has attained a large size. This only teaches us that the urine containing the greatest amount of solid matter is not necessarily the best adapted to the formation of stone; or, at all events, that something else is necessary, perhaps the aid of chance alone. What, also, when once a beginning is really formed up in those convenient lurking-places of the kidney, determines a farther precipitation and aggregation of like particles about this minute centre, whether in fact it be only a continuation of the so-called diathesis which caused the separation of the first matter, or whether it be the effect of that power which enables any crystal suspended in a complex solution to abstract from the same, in preference, all matter identical with itself, and thereby grow, we also do not know. We may surmise many reasons, indeed, but, as in many other processes of physiological chemistry, we shall never know whether we are partially right or wholly wrong. Perhaps the most plausible explanation of the nucleus-formation is a complex one, ascribing it to the combined action of the mucous membrane and changes in the pigmentary matter. It is well known that this membrane, when irritated in the slightest degree, sheds its epithelial coat freely, and that this has a tendency to agglutinate and to surround any solid body. We know quite as well, also, that many calculi have been at some time in a semi-solid condition, and, subsequently drying, present a shrunken and cracked appearance about their centre. Many of them testify to the truth of this by hoarding up in their crevices these organic remains in a dry form—fossils, in

fact. Such a cloudy deposit hovering over and settling down upon a stone in the bladder must entangle the solid matter of the urine, and glue the particles to the growing mass. Calculi have been actually removed surrounded by such an organic coating, thick enough even to entirely dull the touch of the intruding sound, and thus prevent their detection. We must remember, too, that calculi in the body contain much water, and are not in all cases the firm, dry objects we see before us.

Heller attributes the acid re-action of normal urine to urophaein, the principal coloring matter of this excretion. When present, from whatever cause, in undue amount, it causes an increased acidity and a deeper color. It is very nitrogenous, and, when decomposed, gives up a good deal of ammonia. Now, the proper solvent of uric acid is the neutral phosphate of soda, and we may obtain crystals of the former from any specimen of urine by adding an acid, as is well known. The re-action which takes place here is a decomposition of the soda salt, thus setting free the uric acid which it holds in solution. Now it is possible that an abnormal amount of urophaein may of itself generate acid enough to produce this re-action, or, as Scherer thinks, become converted by fermentation into lactic or acetic acid. We do know, at all events, that this pigment always occurs in proportion to the amount of uric acid present, and its partial decomposition will amply account for the great frequency in which urate of ammonia is found. But even if this theory be true, and we look upon this coloring matter as the cause of the nucleus-formation or uric-acid diathesis, we are still no farther advanced in the etiology of urinary calculi, for who will explain the pathology, in turn, of the pigment? Here, I think, we have reached the bar to our present knowledge; for, although many interesting semeiotic properties of this coloring principle have been observed, which may not be mentioned here, we are still entirely in the dark as to the mode or cause of its formation.

But why is oxalate of lime so often a part of the nucleus, and why is it found so frequently alternating with layers of uric acid and its salts, or mingling intimately with them? This is a substance produced artificially by the oxydation of many organic substances, and occurs also as a deposit in the urine, especially in those suffering from a disturbed respiratory process, the kidneys seeming to act as assistant lungs by abstracting the carbonaceous matter from the blood. Whether, however, they have the power to excrete oxalate of lime, as such, directly from the serum, is the matter now to be considered. In 1856, Rees, of London, published his little work "on Calculous Disease," in which he endeavors to show that the oxalate-of-lime diathesis, rendered so notorious through Bird, is only a modification of the uric-acid secretion, and that oxalate of lime is produced after the urine has been secreted by the kidneys, and is derived from uric acid and



the urates. "I have," he says, "in fact, entirely failed to detect the peculiar pathological conditions which have been said to connect themselves with the oxalic-acid diathesis, and am every day more confirmed in my opinion that it must be regarded, as I have before suggested, as an accidental and unimportant modification of that most significant variation from health which consists in the excretion of uric acid, or its compounds, in abnormally increased proportion," and "as requiring the same treatment and the same precautionary measures." This is no new doctrine, for Lehmann doubted the correctness of Bird's views long ago, and the frequency with which oxalate of lime is found as a deposit among us, unattended by symptoms, points to the same conclusion. Dr. Rees goes even farther, and states, with the concurrent authority of several German chemists, that in the majority of cases this conversion of uric acid into oxalate of lime takes place after the urine has been passed, and that we may convert a lateritious sediment into this salt simply by heating. It does not follow, however, that we have generated oxalate of lime in a sediment of urates, when we find it present after dissolving the latter by heat. We have, in fact, only cleared up the field. That the mere heating the urates and uric acid is not sufficient in itself to produce this reaction, the following experiments seem to show.

1st. A bit of calculus, composed of uric acid and urate of ammonia, was heated in normal urine freshly passed.

2d. Some of the same powder was heated in urine to which matter from a calculus composed of phosphate and carbonate of lime, and urate of ammonia, in a finely divided state, had been added.

3d. Matter from the first calculus was heated in urine with phosphate of lime artificially prepared.

4th. The same experiment was repeated, using water for the solvent, instead of urine.

In no instance was oxalate of lime formed, although there was a transference of bases, attended by crystallization of urate of lime. I would not deny that oxalate of lime is almost always produced by a decomposition or oxydation of uric acid, and that it is intimately connected with the latter, but it seems that something more than mere heat is necessary to produce the change. Very many specimens of urine which, when freshly passed, show no trace of oxalate of lime, contain its crystals after a while, which must have been formed by some chemical change subsequently to its escape from the bladder. In such cases it is not infrequent to find a few crystals of uric acid accompanying. That a certain amount of oxalate of lime may be held in solution by fresh urine, and be slowly given up on standing, is true; but this does not prove that the chemical change which produced it may not have earlier taken place in the urinary passages. Lehmann states that uric acid, under the influence of certain oxydizing agents, is usually

decomposed into allantoin, urea and oxalate of lime, and is inclined to believe that the so-called "acid fermentation" is instrumental in the formation of this salt. Heller likewise regards it as a product of the oxydation of uric acid, and has seen it formed in the murexid test, in which urine is evaporated to dryness with nitric acid. What this acid fermentation really is, we do not know; but I would suggest that it may be owing to the presence of urophaein, or to a decomposition of the same. We do know that urine, shortly after it escapes, re-acts more strongly on litmus, by the generation of a free acid; and that to this is owing, in the majority of cases, the subsequent separation of uric acid, and the precipitation or formation of oxalate of lime. This re-action is always more strongly marked in urine of a high color, which in time becomes paler. This same process, under peculiar circumstances, may as well be carried on within the urinary cavities, and cause the formation of oxalate-of-lime calculus, or its alternation and intermixture with uric acid, in the manner already considered. It is well known that the coloring matters of the urine are much increased in gout and rheumatism, both diseases in which uric acid and oxalate of lime occur as large deposits; and, further, it is in the mulberry or oxalate-of-lime calculus, a substance colorless in itself, that we find the deepest tints. This cannot always be due to the hæmorrhage. May it not be that in disease characterized by imperfect oxygenation of the blood, as emphysema and chronic catarrh, the coloring matter is excreted more abundantly by the kidneys, and, acting as the ferment, generates oxalate of lime? The blood in such cases never loses its deep color, which would seem to depend upon the presence of carbon; for as soon as this element is transformed into carbonic acid by the oxygen of the healthy lungs, we see it return to the florid, arterial color. Unfortunately, however, our knowledge in regard to the coloring matters, both of the blood and urine, is too limited to allow us to go beyond bare conjecture in this matter.

The phosphatic diathesis, so called, is, on the other hand, in no manner dependent upon the action of the kidneys, or chemical nature of the urine when excreted. It is produced solely by the power of the urinary mucous membrane to throw out an alkaline secretion when irritated. Foreign bodies within the bladder are always coated with a phosphatic crust, and the rougher forms of stone are generally sure to possess an exterior layer of phosphates. If the calculus be smooth, as some composed of uric acid, and be left to itself, it may attain a large size without causing inflammation; but if it consist of oxalate of lime, or be of a rough exterior, it will excite irritation of the lining membrane, and the consequence will be a slight alkalinity, causing a deposit of urate of ammonia. If, now, the exciting cause be sufficient to produce actual inflammation, this alkaline secretion will be poured out with great rapidity, adding greatly to the bulk of the stone, which may fill the



entire cavity where it lies. It is very rare that a phosphatic diathesis, when well pronounced, can be overcome, because in cystitis there is found a layer of mucus adherent to the walls of the bladder, in contact with which the urea develops carbonate of ammonia, thus assisting in rendering the urine alkaline. This salt, according to Heller, acts as a caustic, and prevents the formation of healthy epithelium.

We see in Table IV., however, that a phosphatic layer may be indeed, but rarely, followed by a return of the uric-acid or oxalate-of-lime formation, which may be considered a step toward recovery, or at least toward improvement. When the stone is situated in the kidney, however, this is seldom the case, for pyelitis prevents the secretion of uric acid and the coloring matter. This accounts for the enormous size which calculi often attain in this organ. Sometimes we find a slight intermixture of the phosphates with the layers of urates and oxalate of lime, followed, fortunately, by a deposition of urates; but in these frequent cases the phosphatic diathesis has never been fully excited.

How, then, account for those concretions consisting wholly of the phosphates, and containing no foreign nucleus? These are seldom seen. It may be that they are the result of cystitis, caused by the presence of another stone, or by a calculus seated in the kidney, or from whatever cause this disease may be brought on, for conglomerations are easily formed in urine heavily loaded with mucus and the phosphates.

These changes work in turn upon the general system. Emaciation follows, in which there is a decomposition of the protein compounds; carbonic acid and water are formed; sulphur and phosphorus are oxydized, and deprive the blood of its alkalies; the fibrine, thus losing its solvent, exudes more easily, and sulphates and alkaline phosphates are voided in increased quantities by the urine. When we are once certain that a calculus really exists in the bladder, the less meddling and instrumental interference the better, if we would not increase the rapidity of its growth tenfold. Calculi of uric acid, removed from the bladders of the lower animals, attain a very large size without causing the slightest irritation, and it is for this reason that we generally find them composed of one ingredient only.

The surfaces of several specimens in the collection present an eroded appearance, which, without doubt, is owing to chemical action induced by injections within the bladder. Some time ago, this was a practice much advised in England, and partial solution was frequently effected in this manner. It may be doubted, however, if an entire removal of the calculus was ever caused thus, for the re-agents must necessarily have been used in a very dilute condition, and a long time was no doubt required to produce even the superficial action here manifest. What little aid we may expect from therapeutics in this disease, must come by the use of those

drugs which, by their chemical action, prevent the formation of uric acid, or its derivative, oxalate of lime. Heller has great confidence in the solvent properties of the basic phosphate of soda, and thinks that all cases of gravel may be thus cured, and that it may even act somewhat upon a stone. He combines it with carbonate of soda. It is of course useless to give mineral acids, for they will be neutralized by the constituents of the blood, and come to the bladder as salts; and the vegetable or organic acids, or their salts, are always converted into carbonates, so that the direct administration of the alkaline carbonates is the next best treatment after the use of the phosphate of soda, as recommended by Heller. Water saturated with carbonic acid, or the "soda water" of the shops, acts in the same way. If in this way we can keep under control the uric-acid and oxalate-of-lime diathesis, it is evident we may, in nearly every case, prevent the formation of stone, and sometimes cause its solution when not advanced too far in size.

Notwithstanding the want of individual history belonging to these calculi, they form a most instructive collection, affording examples of many curious peculiarities of structure and form, which it would be vain to attempt to illustrate here.

#### LACERATION OF THE PERINÆUM.

BY WILLIAM W. MORLAND, M.D.

[Concluded from page 318.]

Two or three other cases may now be referred to, as bearing upon the question of operation, and more or less strongly supporting the view here taken.

In the summer of 1856, Dr. Woodward, of Quincy, Mass., asked me to see a woman with ruptured perinæum, and who was under his charge. The patient was a stout Irish woman, 25 years of age, and the rupture occurred in her first labor. Craniotomy was called for, and was done by Dr. W., who has since informed me that the rent was caused by passing the fingers into the vagina for the purpose of accelerating the delivery of the shoulders. When I saw the patient, it was some time after the accident, and granulation was in full progress; the perinæum was torn quite to the margin of the *sphincter ani*. It was decided to trust the case to position and cleanliness. Wishing to know the result, I wrote to Dr. Woodward at the time of commencing this paper, and have been very kindly furnished with replies to my questions. Dr. W. states that the woman kept her bed about three weeks after I saw her, and then arose and resumed her family duties. A few weeks after that, Dr. W. saw her on the street, and in reply to his question, she said that she was "perfectly well." The perinæum was not at that time examined, but an opportunity offered on the 16th



of January, 1858, when the woman was a second time confined under Dr. Woodward's care, and gave birth to a living child after twenty-four hours' labor, without any untoward occurrence. He, at my request, carefully inspected the parts before labor had progressed far, and found the space between the anus and the vulva only "about one third of an inch;" and on further examination, he "concluded that the portion which was torn in the former labor had not united together, but the parts had healed and contracted so as to form a very good vulva, which remained open to the cellular membrane between the vulva and the rectum, leaving the *sphincter ani* sound." "Of course," he continues, "there is a very slight imperfection of the vulva, it being more open than natural; but the woman finds no fault, and why should we?" To this query of Dr. W.'s, the answer might be made, that she doubtless would have had a better, that is a more natural, state of the parts, had the rent been united by sutures; and that so large a genital fissure as resulted, is, to say the least, not desirable.

That this state must often have the most lamentable *sequelæ*, clearly appears from evidence in another instance alluded to by Dr. Woodward in his note to me. He says: "I have never had a case [of ruptured perinæum] in my own practice, with the exception of the one here referred to. I received a severe lesson, when a student in medicine, in the case of a young woman whom I attended for another physician, and whose perinæum was torn quite through [to the *sphincter ani*]; and although she was seen by experienced physicians, no attempt was made to close the wound, and she suffered prolapse of the uterus in consequence."

In this case may be found confirmation of the previous assertion, that operative procedures, in this form of the accident, are comparatively infrequently resorted to amongst us; and the fact of consequent serious mischief is likewise abundantly proved.

With reference to the case reported from Dr. Woodward's practice, that gentleman stated, in addition, that "the perinæum [in the second labor] bore the labor perfectly well, not offering quite so much resistance as one entirely sound." He also remarked that he had delivered other women when the perinæa had been torn in previous labors, and had found them in the same state as that of the patient above alluded to. He, however, inclines to believe that patients do passably well if the *sphincter ani* itself be not infringed. A more complete restoration seems, I think, to be demanded.

An instance of laceration of the perinæum in a case of difficult labor, and where forceps were used—the child's head having become locked in an extremely small pelvis—has lately been communicated to me by Dr. H. O. Stone, of Salem, Mass., who was the operator. Dr. S. was called in consultation, January 29th, 1858; the patient, a woman of 30 years of age and a *primipara*, having been in labor about 19 hours. The head neither advanced nor re-

ceded; the face looked to the pubis; and the labor was instrumentally completed, as stated, the patient urgently entreating it. Dr. Stone writes: "With great difficulty the head was extracted. The perinæum was lacerated to the very edge of the anus; it was not torn exactly in the middle line, but a little on one side. At my visit next morning, the parts were very much swollen, and to think of using the suture in such a state of them, was out of the question. The case was entrusted to nature, position, and keeping the parts clean. It is now (March 5th, 1858) just five weeks since Mrs. — was confined. She says she feels quite as well and strong as ever in her life. The perinæum, as yet, is but very partially united, but in time, I hope it will unite sufficiently for all practical purposes."

Whilst the very favorable termination of this case may well be remarked—both mother and child doing well at the above date—we perceive how long a time is required to obtain soundness for the parts when no operation is performed; since only "very partial" restoration was here effected in the space of five weeks. The propriety of the course adopted by Dr. Stone, in not attempting suture, under such circumstances, is evident. I may mention that, in ordinary cases, he is in favor of the operation.

At my request, Dr. J. B. S. Jackson has allowed me to extract certain cases of perinæal laceration, of the class under consideration, from his note-books. A few points suited to my present purpose will be presented from these records.

I.—November 16th, 1833. A stout, plethoric Irish woman, *primipara*, after about twelve hours' labor, was delivered of a large boy. Dr. J. found the perinæum to be very rigid and long. The latter quality and its probable influence, has already been fully referred to. The usual means to induce relaxation were all employed (fomentations, bleeding, &c.), and support was very faithfully and carefully applied when the part became distended by the advancing head. The perinæum was, however, rent down to the *sphincter ani*, "so that the forefinger being placed in the anus and the thumb in the wound, there seemed but a very thin partition between them." This was precisely the fact in the opening case of the present paper. There was, Dr. Jackson states, no pain nor soreness complained of by the patient. This again ratifies a preceding remark in reference to the necessity of thorough examination, even when the accoucheur does not perceive the occurrence of the accident at the time of the birth.

Dr. Jackson employed sutures, about one half an hour after the rent took place. He estimated the extent of the wound to be from one and a half to two inches up the vagina, "the thickness of the lacerated parts being very considerable." A curved needle was used, and four stitches were taken. One was placed rather more than an inch up the vagina; a second half way between the first and the inferior commissure of the vagina; a third through



the skin, just below the commissure; and a fourth just above the anus. "These were all taken deep; the patient was kept in bed about five weeks, and an attempt made to keep her thighs swathed together, and for her to lie on her face, in which, however, she could not be induced to persist. The lochia were rather too free, and gave some trouble; the bowels were not open for a week after the first day. The stitches soon became loose, and were cut away in a week or more. Union took place very slowly. About nine weeks after the occurrence, union was complete, except a small place which was still raw, and probably would unite before long. Perinæum of good size, if not as large as ever."

It will be allowed that the sutures were promptly and efficiently applied in the above case, and that every possible adjuvant means was put into requisition; and the issue of the case shows the advantage of the treatment. The only element impairing the latter, is the *length of time* necessitated by employing the interrupted suture. Had the *support of the quilled suture* been added, there is every reason to believe that very much would have been gained, and that union would have been solid and entire, as well as sooner effected. The case strongly supports the plan advocated.

II.—January 25th, 1834. M. H., 22 years old; *primipara*; stout and plethoric; child large;\* perinæum unyielding; labor seven hours long. The perinæum was anointed well with lard, and support thoroughly applied at the proper time; rupture, however, was anticipated and took place, the rent reaching the sphincter. The wound almost exactly resembled that described in the previous case. No sutures were used; the thighs were bound together and confinement to bed enjoined. "In seven or eight days, however," writes Dr. J., "she was (notwithstanding convulsions had occurred) down stairs and about work. The lochia soon ceased. The bowels have acted regularly from the first. February 4th, perinæum in a healing condition; more so, if I remember rightly, than in the first case at the same period. February 11th, healing finely." The length of the healed perinæum is not stated.

The above instance may safely be pronounced remarkable, if not anomalous. Rules and regulations seem set at defiance. To say nothing of the very short time the patient remained in bed after confinement, she must have had an extraordinary aptitude of constitution for the healing of wounds. The case seems wholly exceptional.

III.—March 25th, 1834. A woman of 22 years, not very stout, *primipara*. Dr. Jackson felt a slight crack of the perinæal tissues with the hand which supported the part. On further examination, on the cessation of the pain, a slight fissure was found within the vagina, about one half an inch in length, and "not much, if at all deeper than the mucous membrane." The patient was

\* The large size of the children in these cases, is a nearly constant element.

directed to restrain voluntary efforts; yet the perinæum was torn down to, but not into the anus. "No soreness was complained of." The next day the woman is reported as "up; soreness considerable." Remarkable to state, Dr. J. found about one-third of an inch of the wound, toward the rectum, "glued together." The patient had passed her urine naturally, resting on her hands and knees. March 31st.—"Soreness much less; no inflammation; no further union." April 10th, doing well; perinæum appears healed soundly to the distance of about two thirds of an inch from the anus; has abstained from *coitus*, by direction. Cleanliness was observed; no local applications were made; the woman attends to her household duties; there is no inflammation about the wound. "It would require one well acquainted with the parts to know they had been ruptured." June 16th.—Ocular examination showed the perinæum apparently entirely healed; the scar was visible, and would pass for a well-marked *raphé*. "Patient seems very sure that the outlet of the vagina is no larger than before her confinement."

Measurement could alone determine the last point, by comparison of the length of the healed perinæum with the average recognized length of the part. The patient is hardly a judge of this matter, if accuracy be deemed essential; and a portion of an inch, even, is important.

The union obtained, under such untoward circumstances, in the two latter instances, is surprising, and must be unusual. Hardly more than one third of an inch, if so much, of sound perinæum could have been expected, and there are often cases where there is literally *no* perinæum, properly speaking, when the patient is left to nature.

Since the above paper was read to the Society, Dr. Lyman has mentioned to me a case of incomplete perinæal rupture, which so directly corroborates the opinions I have advanced, that I requested him to furnish me with the facts. These are accordingly presented in the condensed form in which they were recorded in his note-book.

"June 14th, 1855.—Mrs. H., age 31 years, *primipara*; position of the child, the 4th of Baudelocque; weight of the child, 9½ pounds; perinæum ruptured to the *sphincter ani*. Five hours after the completion of the labor, the fissure was closed by quill-suture and two interrupted sutures. One grain of opium was administered.

"15th.—Pulse 80; urine, lochia, &c., right; the patient slept well; no pain from the sutures. A grain of powdered opium, twice in the day.

"16th.—Same record; continue pills; no secretion of milk.

"17th.—Pulse 72; one opium pill at night; milk coming.

"18th.—Milk free; no fever; union of wound perfect; sutures removed; an enema ordered.



" July 2d.—Union perfect.

" April 4th, 1857.—The patient was delivered of a second child, after thirteen hours' labor, and my note-book adds—' not a particle of laceration of the perinæum.'

The case is satisfactory both as respects the efficacy of the treatment, and the sound condition of the new perinæum.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUG. 23d.—*Large Ovarian Tumor; Operation; Result Unfavorable.* Case reported by Dr. J. M. WARREN.

The patient was 19 years old, and was in good health until eighteen months since, when she had an inflammatory attack in the region of the right ovary, which lasted about three weeks. This was in the month of February.

In June, she first perceived the present tumor, which increased so as to give her great inconvenience, principally in breathing, and had required tapping nine times—the last time, about a week since, when the distension of the abdomen and the compression of the lungs was so great, that she thought it impossible for her to have lived until the present time, unless she had obtained relief.

Tapping was last attempted below the umbilicus, but failed—blood alone coming away. It was again done above this point, and, as was shown afterward, one of the cysts only was evacuated, which afforded her temporary relief.

When Dr. W. first saw her, the tumor extended from the pelvis nearly to the upper part of the sternum, forcing up and almost obliterating the thoracic cavity. The waist measured thirty-six inches in circumference, and from the sternum to the pubis, over the tumor, measured nineteen inches. Her size had been much diminished by tapping a week previous.

Numerous solid tumors were felt in various parts of the abdomen. Through the vagina, the os uteri could be distinguished, being quite small; and the body of the uterus, apparently retroverted, was felt in the rectum. The menstrual secretion was regular, and the other functions were naturally performed. The patient suffered principally from the weight of the tumor, and from a feeling of threatened suffocation.

Having examined her in consultation with Drs. Storer and Cabot, it was decided to recommend to her the operation, not concealing from her its full danger. This was accordingly done, and she at once requested that it might be performed, saying that she could not live much longer in the state she was then in, and that she was fully prepared to meet any danger, if there was the slightest prospect of success.

The operation was done on the 27th of June. The patient being fully etherized, and it being ascertained that the bladder was empty, an incision was made from the umbilicus to the pubis. A slight dissection exposed the tumor. It was at once found that the sac was

extensively adherent, and at the seat of the last attempt at puncturing was a thickening of the sac, and an effusion of blood which covered a space of four inches or more. These adhesions being partially separated and the sac punctured, about ten or twelve pounds of water of a light color were evacuated. This partially diminished the size of the tumor, but not sufficiently to allow of its being raised out of the abdominal cavity. A trochar was therefore passed through the first sac, and the second, which lay above it, punctured, and about ten pounds more of water drawn off, of a different color from the first. The arm of the operator was now stripped to the elbow, and passed into the cavity of the abdomen. The adhesions separated, the large remaining tumor, consisting of solid substance, was raised from its bed. It was now found that the omentum was adherent; this was torn from the tumor with the handle of the knife. The pedicle, consisting of the right broad ligament, about eight inches in breadth, was tied with three ligatures, the pedicle divided, and the tumor, which weighed about sixteen pounds, removed.

It was now found that some bleeding was going on in the abdomen; and search being made, numerous vessels from the torn omentum were discovered to be bleeding freely, and required ligatures of detached portions of this organ.

During the operation, the intestines, which were crowded into the upper part of the abdominal cavity, were not seen at all; and had it not been for the necessity of searching for bleeding vessels, they would not have been at all exposed to the air, so carefully were they guarded from escaping through the wound.

The ligatures were drawn out at either end of the wound; that of the pedicle being firmly secured over a linen roller, the wound was brought together by sutures, and a firm compressory bandage placed on the abdomen over a mass of compresses.

The patient seemed at first much exhausted by the operation, but rallied by the use of a little spirit.

On the 27th, it was found that she had passed a quiet night, and was entirely free from pain. The pulse was quick; no heat; a small dose of the solution of the sulphate of morphia was ordered to be taken every three hours.

On the 28th, she reported herself as comfortable. Pulse 140. She vomited some champagne she had taken.

On the 29th, said she felt better; pulse 120. Dr. Channing being present, Dr. W. dressed the wound in the abdomen, which looked well. There was no swelling nor discharge.

July 1st, she sank suddenly in the morning, and died about 9 o'clock.

*Sectio Cadaveris.*—On examination, the wound seemed well united. The pedicle was fixed to the abdominal walls, and fenced off from the abdominal cavity. The intestines were glued together, and united by slight adhesion to the lining membrane of the peritoneal cavity. A small quantity of purulent serum escaped.

The uterus was normal. The other organs also were perfectly healthy.

It is an interesting fact, that from the time of the operation until her death, she never acknowledged the slightest sensation of pain, and, until the very hour of death, her chance for recovery seemed good. The only bad symptoms were quick pulse and irritability of the stomach after the third day.



It seemed highly probable, that if the adhesions caused by the necessary tapping had not existed, the operation would have had a favorable termination.

OCT. 25th.—*Poisoning by Phosphorus.* Case reported by Dr. AINSWORTH.

In the month of August last, a middle-aged woman residing in Cross street, was found, one morning, dead in her bed. She was known to have been in her usual health the previous evening. Some one sleeping in an adjoining room, heard her vomiting in the night. The case was reported to the Registrar as cholera morbus, and the woman was buried. Some suspicious circumstances were discovered and the body was disinterred by order of a coroner, and the stomach, with a portion of the intestines, was given to Dr. C. T. JACKSON for analysis. On examination, this organ was found considerably altered by decomposition. The mucous membrane, about the cardiac extremity, was covered with dark-red patches, as if ecchymosed, although the cadaveric change was so great as to leave this in doubt. Near the centre of the large curvature was a diffused red patch; and about the pyloric orifice the mucous membrane was of a deep cherry-red color, this extending into the duodenum, and appearing more intense in the three or four feet of intestine examined. The mucous membrane was much softened, probably by putrefaction. About an ounce and a half of fluid matter was taken from the stomach. An analysis for detecting arsenic was commenced by pouring the fluid from the stomach into a capsule, and adding hydro-chloric acid. When the fluid became clear, the capsule was placed over a lamp, and a few crystals of chlorate of potash were added. As evaporation proceeded, a blue flame was seen on the side of the capsule, which was found to be burning phosphorus. The liquid was then filtered, and a large quantity of that poison was deposited on the filter, amounting, with that obtained by other processes, to about 22 grains. About one grain of arsenic was subsequently found, with a small quantity of peroxide of iron. It is probable that the poison was administered in the form of the "rat exterminator," which is hawked about the streets, and of which there are several kinds; one, composed of Phosphorus,  $\mathfrak{Z}\text{iv}$ .; flour, lbs.  $\text{iii}$ .; honey, lbs.  $\text{ii}$ .; lard, lbs.  $\text{ii}$ .; Venetian red,  $\mathfrak{Z}\text{i}$ . Another: Phosphorus,  $\mathfrak{Z}\text{iv}$ .; meal and sugar, aa.  $\mathfrak{Z}\text{iv}$ .; arsenic, Venetian red, ol. anisi, ———. Either of these compounds, from their sweet taste, could be easily given without detection. The paste used on common friction matches also contains a large amount of phosphorus, which can be readily dissolved. The fact that no substance has been found which acts as an antidote for phosphorus, taken with its almost universal distribution, renders it one of the most dangerous poisons; it is fatal in doses of from half a grain upwards. In small doses the poison is gradual in its operation, and is supposed to be an ingredient in the subtle poisons of the East. In larger doses the symptoms are similar to other irritant poisons. It is said, however, to give an aliaceous odor to the breath.

In an article by M. Chevalier and M. Poirier, on the danger of the indiscriminate use of phosphorus, a table is given of the cases of poisoning by this substance, from which the following is an extract:

"Whole number of deaths by phosphorus, from 1854 to 1858, 59. Criminal poisoning, 31; suicide, 18; accident, 10.

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 BOSTON, NOVEMBER 25, 1858.
 

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## TREATMENT OF COXALGIA—METHOD OF M. BONNET.

M. BONNET, of Lyons, read a paper to the French Academy of Sciences, on the 16th of August, 1858, in which is set forth his method of treatment of so-called white swelling of the various joints. We confine our remarks, at this time, to the measures recommended by this surgeon in coxalgia, or hip-disease, accompanied by deformity of the limb of the affected side.

M. Bonnet is in favor of immediate reduction of the distorted limb, and advises that it be placed in an immovable apparatus, and absolute rest enjoined for a certain time. He also makes use of cauterization beneath the starch bandage—that is, he applies the caustic substance to the neighborhood of the affected joint, and the bandage is then placed over it.

To the objection that pain, and inflammation of unmanageable character, may arise from the immediate re-adjustment of limbs affected as above mentioned, and that final relapse may consequently occur, M. Bonnet replies that such fears might be well grounded if the operations be done after an immature, ill-conceived and badly-executed method. Under the opposite conditions, however, he declares that immediate reduction succeeds in all such cases as would be benefited, more tediously, by mechanical contrivances; and where the latter, even, are found ineffectual or only partially serviceable, the desired end may be wholly or nearly attained.

The author lays down several rules for the management of cases of this sort. First, he represents the necessity for thoroughly considering the case, and resolving upon what ought to be done; and he points out the fact that whilst this is a comparatively easy matter when the knee- or ankle-joint is involved, it is far more difficult when the hip-joint is interested. In reference to this point, he writes as follows:—

“Practitioners continue to think that in this case they must only obviate the abnormal lengthening or shortening of the affected limb, extending one that is too short, and, if there be dislocation, cause the head of the thigh-bone to re-enter the acetabulum. These opinions, however, are only false deductions from ill-observed facts. As I have proved, in my former writings upon diseases of the joints, the orthopædic treatment is reduced to this—viz., to obviate the flexion or lateral inclination of the thigh upon the pelvis; and, if there is dislocation, to bring down the head of the femur to the lower part of the acetabulum, of which cavity it occupies the upper portion, which latter has become elevated by deep ulceration.”

The next recommendation is to understand well the necessary steps of treatment, and why they are adopted. After the patient is placed under the influence of anæsthetics, the first object to be attained is to render the joint supple—to give to it its complete and natural mobility. Without this, says M. Bonnet, those who endeavor to straighten the



limb by moderate efforts, will fail to effect their purpose; whilst those who act with great force upon it will be likely to cause a fracture of the bone. The author alludes to the appreciation by Dieffenbach of the necessity for attaining this mobility. M. Palasciano, of Naples, also acknowledged it, and added the section of the triceps femoris, to aid in its acquisition. These surgeons, however, only operated upon the knee; and, as M. Bonnet proceeds to point out, they did not realize that it is far less efficacious to make one forcible effort at flexion of a distorted limb, than it is to set up a series of gentle and gradual flexions and extensions; proceeding, finally, to the extreme limit of the natural movements of the joint.

M. Bonnet insists very strongly upon the importance of obtaining that freedom of motion in the joint, to which allusion has just been made—we present his own words:—"The secret of success in immediate reduction, is in this antecedent operation (*assouplissement*). This should be obtained first of all; and it is because it has not been recognized, or the method of obtaining it understood by most surgeons, that the latter have failed in treating deformities of long standing, especially those of the thigh: if this mobility cannot be attained, the straightening of the limb by the process of immediate reduction must be abandoned.

Surgeons must not become impatient nor discouraged at the necessity which often exists for somewhat prolonged efforts at reduction, after the joint has been rendered supple. More than a quarter of an hour may be required to keep up the efforts at traction and pressure which will secure the desired position.

Hollowed metal splints, suitably padded, may be employed to maintain the limb at rest in the proper posture; but M. Bonnet declares his preference for the immovable apparatus. The starch bandage is very effectual, according to him, in preventing a return of the deformity, and hindering the development of inflammation.

The bandage will not, however, be thus successful, except it surround, not only the affected joint, but also the joints above and below; and it must also be composed of a thick layer of cotton, and of splints of moistened pasteboard, retained in place by strips of cloth moistened with some agglutinative substance. It is, moreover, requisite to give it an immediate solidity.

For this latter purpose, M. Bonnet substitutes malleable iron-wire splints for the dry paste-board splints of M. Seutin of Brussels. This apparatus is easily moulded to the limb or joint, and when placed over two or three of the surfaces of a limb, it keeps their position firmly.

After the operation, there will necessarily be some pain—possibly severe—for a few hours. Generally it subsides entirely in one or two days; and children, says M. Bonnet, "are so rapidly freed from it, that they can be transported to a great distance after three or four days, except when subcutaneous section of muscles or tendons has been performed—when it would be imprudent to remove them.

From three to four weeks is the time stated as proper to retain, at first, the immovable apparatus. The latter is then removed, the position of the parts examined, and rectified or completed, on occasion. There is, of course, a strong and persistent tendency to reproduction of the deformity—and this must be duly guarded against. A re-application of the bandage will probably complete the restoration of the

limb to that position, which, without the previously-mentioned coadjutant means, it could not have effected.

When the joint has been restored to the desired position, the surgeon should begin to seek the re-establishment of its functions; and this he will do by manipulation in the case of children, and by suitable apparatus in adults. Proper appliances should be employed to prevent a relapse of the part to its abnormal position, whilst the patient is standing or walking.

The author states that he has operated over two hundred times in his peculiar manner; and he estimates the number of operations where deformity of the joints was accompanied by serious structural lesion, as at least sixty. He adds:—"No one will be astonished at these figures, which may seem exaggerated, when I state that during the last four months I have operated by the method of immediate reduction eight times, in hip cases only—for those instances of coxalgia which are known as cases of spontaneous luxation."

The success attained by M. Bonnet has been highly satisfactory in youthful subjects—and especially during infancy. Strong bony ankylosis, or such as is established by very tenacious fibrous bands, with deep ulceration, usually resists all curative means; and advanced age is an unfavorable circumstance; success is doubtful in patients of from thirty to forty years of age.

We have not space, at present, to enlarge upon this interesting topic. The whole paper would well repay the trouble of translation. It should be added, that a lively discussion of the subject has been, and we believe is still engaging the French Chirurgical Society; and interesting *resumés* of the proceedings are to be found in the *Gazette Médicale* for September 11th, 1858, and in the *Gazette des Hôpitaux* for the same month. Many of the French surgeons are engaged in testing the treatment advocated by M. Bonnet; and in time we shall doubtless have extended and reliable reports as to its success.

#### THE RECENT TRIAL FOR RAPE AT MONTREAL.

In a late number we took occasion to refer to the trial of a dentist in Montreal, for an alleged criminal assault upon a female patient whom he had rendered insensible by the inhalation of chloroform. The editors of the *Montreal Medical Chronicle*, while they agree with us in the opinion that the defendant was unjustly condemned, think that an important element in the settlement of the question would be the nature of the anæsthetic agent employed, because, according to them, sulphuric ether is much more likely than chloroform to cause erotic ideas, when inhaled. We believe this opinion to be wholly unfounded. It is not common, we presume, for such effects to follow the administration of either agent, but they do sometimes unquestionably occur, and as often with chloroform as with ether. The fact is, that the plaintiff in this case, as happened in the celebrated case of Dr. Beale, of Philadelphia, was menstruating at the time. The sexual functions were consequently in a state of excitement, and the administration of any stimulant, even a couple of glasses of champagne wine, would have been likely to create erotic ideas, and to vividly impress the patient with the belief of their reality. The instances of such effects from chloroform are perfectly well authenticated, and one was testified to by a medical gentleman during the trial.

We take this opportunity of again protesting against the injustice



of allowing the testimony of a person concerning facts which took place while he or she was in a state of complete or partial insensibility, unless corroborated by other evidence, to have any great weight in a case like this. Whose life or reputation is safe, if a patient can so easily swear it away? It was not even established that any rape had been committed at all, any more than in the Philadelphia case to which have previously alluded, before the trial took place. We cannot forbear also commenting upon the extraordinary verdict rendered at the Montreal trial. If the defendant were "guilty of an attempt to commit a rape," upon what grounds was he entitled to a "recommendation to mercy"? What circumstances can palliate such an attempt, especially in a case like the present, where the crime would be a most atrocious violation of confidence? Either the defendant was guilty or not guilty, there could be no other alternative; and, if guilty, he ought to be subjected to the heaviest penalty prescribed by the law.

We have already alluded to the danger of administering anæsthetics to female patients without the presence of witnesses; it ought never to be done.

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*Correction.*—In the notice of Dr. Hodges's new volume, in our last number, we very carelessly wrote *axillary* for *basilic* vein, when referring to the relation which the latter vessel holds to the biceps muscle. The slip of the pen arose from the fact that the asterisk referring to the foot-note which we were noticing, is attached just after the words "axillary vein." The error is too palpable not to be at once observed by the reader—and it is the less excusable in us since we had the following clear statement by Dr. H. directly under our eye: "The BASILIC VEIN, superficial at the lower part, pierces the fascia near the middle of the arm, and, accompanying the artery at its inner side, becomes in the axilla, the axillary vein." The foot-note to which we above allude is then suffixed.

We are yet further a blunderer. Referring to a mnemonic illustration by Dr. Hodges, at page 215 of his work, we confounded the word "locality," which he uses in reference to *Boston*, with the anatomical region he is describing—thus:—

Dr. Hodges says, "The student of this locality [meaning Boston] can assist his memory to retain the fact that the biceps forms the outer hamstring by the first two letters in the word *Boston* (B. O. biceps, outer)." In our notice, dwelling rather on the anatomical region than the geographical "locality," we inserted after the latter word [posterior femoral region.] We were "taken all aback" on discovering these mistakes, and we now *take them all back!* W. W. M.

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*Dr. Reynolds and the Eye and Ear Infirmary.*—In the announcement of the changes in the officers of the Eye and Ear Infirmary, printed in our last number, we did not mean to imply that the connection between Dr. Reynolds and that institution had ceased. We are happy to state that he still remains, with the title of Consulting Surgeon.

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A form of diphtheria, or diphtheritis, has, by the accounts in the public papers, been prevailing for some time in Albany and its vicinity. It is represented as similar in its symptoms to the "black tongue" or "putrid sore throat," having often a fatal termination, and more particularly among children.

## TILDEN &amp; CO.'S "IMPROVED COMPOUND CATHARTIC PILL."

MESSRS. EDITORS,—The following is the substance of remarks made by me at the Boston Society for Medical Observation, last evening, and is sent to you for publication at the suggestion of a fellow-member of the Society.

The statements, given in a late number of the Journal, of the composition of this remedy, explains what was before a mystery to me. Two or three months ago, I prescribed nine grains of the *pilulæ catharticæ compositæ* for a lady somewhat indisposed, promising her that the medicine should be efficient, but mild, and little painful in its action. I recommended the sugar-coated pills of Messrs. Tilden & Co., being unaware that the article was a different one from that properly bearing the name written in the prescription. To my disappointment and mortification, on visiting her again, I found that the things called compound cathartic pills, "all sugared o'er," as they were, had been "efficient," in their action, with a vengeance, but so far from mild, or painless, that the patient had fainted under their influence; her attendants having become so much alarmed that they would have sent for me in the night, but that I was out of town. The effect of the medicine resembled that of croton oil. The occurrence suggested doubts of the faithful preparation of the pills, which doubts are now converted into certainty.

It is almost needless to say, that Tilden & Co.'s list of pharmaceutical articles is laid aside in my desk among papers not likely to be wanted soon.

November 16th, 1858.

P.

[We lately directed two of Tilden & Co.'s so called "improved" compound cathartic pills to be taken by a patient, and we are very sorry we did, since the result was griping of a very distressing character, and persistent diarrhœa for some time subsequently.—EDS.]

*Dartmouth Medical College.*—On Wednesday, 10th inst., the degree of M.D. was conferred on nine gentlemen, members of the medical school at Dartmouth, N. H. The address to the graduating class was delivered by Dr. Stackpole, of Dover, and is represented as abounding in good counsel and instruction.

*American Dentists in Europe.*—There are, we believe, from twelve to eighteen American dentists engaged in practice at the present time in different parts of Europe, and all, so far as we have been able to learn, are receiving the most flattering encouragement. There are two in London, one in Manchester, three or four in Paris, one in Berlin, one in Rome, and one in Madrid. There are also others whose places of residence we do not know, and every year adds to the number.—*Amer. Journal of Dental Science.*

The chair of Surgery in the National Medical College, at Washington, made vacant by the resignation of Prof. May, has been filled by the appointment of Dr. John G. F. Holston.

*Health of the City.*—The mortality continues low in Boston, although there is an increase of sickness, chiefly of a catarrhal nature. The most fatal disease during the week, next to consumption, was pneumonia, which counts 8 victims. From hydrocephalus, "infantile diseases," "old age," and unknown diseases, there were 4 deaths each. We observe one death from tetanus. The number of deaths of subjects under the age of 5 years was 28. There were three deaths of persons between 70 and 80, 3 of those between 80 and 90, and one individual was over 90.

MARRIED,—At West Springfield, 18th inst., Charles Spring, M.D., of Holyoke, to Miss Bessie Colton, of West Springfield.—At Worcester, 16th inst., Charles A. Wheeler, M.D., to Miss N. Christene Hersey, both of Worcester.

*Deaths in Boston* for the week ending Saturday noon, November 20th, 72. Males, 32—Females, 40.—Accident, 2—apoplexy, 2—congestion of the brain, 1—burns, 1—consumption, 16—convulsions, 1—croup, 3—dysentery, 1—dropsy, 2—dropsy in the head, 4—infantile diseases, 4—scarlet fever, 3—typhoid fever, 1—disease of the heart, 2—influenza, 1—intemperance, 1—inflammation of the lungs, 8—marasmus, 1—old age, 4—palsy, 2—syphilis, 1—teething, 2—tetanus, 1—thrush, 1—unknown, 4—whooping cough, 3.

Under 5 years, 28—between 5 and 20 years, 12—between 20 and 40 years, 9—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 53—Ireland, 13—other places, 6.



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## PUERPERAL CONVULSIONS.

BY W. W. WELLINGTON, M.D., CAMBRIDGEPORT.

[Communicated for the Boston Medical and Surgical Journal.]

FEW diseases are the occasion of more anxiety to the physician than puerperal convulsions. They are frightful, and they are dangerous. One fourth of all the cases terminate fatally, and, in a large proportion of them, the children are born dead. Occasioning, as they do, great alarm and terror among friends and attendants, there is the greater need of coolness and sound judgment on the part of the physician.

Seven cases have occurred in my own practice, four of which were with first children, and two of which terminated fatally. I will give an abstract of these cases, and add the results of my own experience with regard to treatment.

CASE I.—Miss C., aged 20; unmarried; first labor. Having arrived at the full term of pregnancy, she was found one morning in convulsions. She went to bed in good health, the night previous, and it was not known when or how the convulsions began. I saw her about 7, A.M.; labor had commenced; there were distinct uterine contractions, and the os uteri had begun to dilate. The convulsions continued at irregular intervals, the patient, all the while, being entirely unconscious. The pulse was rapid, the head hot, and the face swollen and flushed. The child being dead, as soon as the mouth of the womb was sufficiently dilated, the head was perforated, and delivery effected, though with much difficulty. No improvement took place in the woman: the convulsions continued, and she died early the next morning, twenty hours from the time of my first visit.

This woman was bled freely; the bowels were evacuated by mercurial purgatives, aided by enemata. Cold was applied to the head, and a solution of tartarized antimony was administered internally. All treatment, however, was apparently of no effect.

CASE II.—Mrs. W., aged 18; first labor. The labor commenced in the evening, and went on favorably till 9, A.M., of the fol-

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lowing day, when, after very slight headache, convulsions occurred. At first, consciousness returned between the fits; but after the fourth convulsion, the patient remained unconscious. During one of the fits, the jaw was dislocated; reduction was readily effected. Delivery took place about noon, during the sixth convulsion. Extreme restlessness followed the completion of labor, so that she was with difficulty kept in bed. In the course of an hour the restlessness ceased, and there was another convulsion. After this, there were, alternately, a fit and an attack of extreme restlessness. The pulse was rapid, and the skin was very hot. There was entire unconsciousness.

The treatment, thus far, had consisted in venesection, leeches to the temples, iced water to the head, and the administration of a solution of tartarized antimony. The convulsions, however, increasing in severity, Dr. Walter Channing was called in consultation. By his advice, ten grains of calomel, mixed with powdered sugar, were immediately given, and the inhalation of sulphuric ether was commenced. The ether seemed to quiet the patient, and to increase the length of the interval between the fits. In an hour after the etherization began, a very violent convulsion occurred, which was succeeded by an increased rapidity and feebleness of the pulse. This, the last convulsion, took place at 7, P.M. A drachm of assafoetida, with thirty drops of laudanum, was now given as an injection, and retained. Our patient immediately became more calm, lay more quietly, and breathed more easily. In three hours, she again became restless, and another injection of assafoetida and laudanum was given. She passed a quiet night. The next day, consciousness began to return, and she ultimately recovered.

Eight years afterward, Mrs. W. became again pregnant, and was delivered, at full time, with no untoward complication.

CASE III.—Mrs. W., aged 28; second labor. After her first confinement, which took place in another town, two years previously, Mrs. W. suffered for many weeks with severe nervous symptoms, supposed to result from cerebral or spinal irritation. Her present labor was natural and easy; during its continuance she was under the influence of chloroform. Severe after-pains followed. Seven hours after the completion of labor, she was suddenly seized with pain in the back. This pain increased, and ascended to the head; gradually the whole head became affected. The pain was severe, accompanied by heat and throbbing. Three hours after, she had a violent convulsion. This passed off in a few minutes, and consciousness returned. She was left, however, exceedingly prostrated, with a rapid and feeble pulse. In the course of an hour, there was another convulsion, which was cut short by the inhaling of chloroform. Another convulsion soon followed, which was cut short in a similar manner. Each convulsion increased the prostration, and, after the third, she was left insensible, and



apparently moribund. Her extremities became cold, the pulse could hardly be felt at the wrist, there was entire unconsciousness, and her friends stood around her bed, expecting every moment that she would breathe her last. From this state, she, after a time, revived; consciousness returned; she took nourishment and gained some strength; and I became sanguine that she would recover. The improvement, however, was but temporary; she lingered several days, and finally died with pneumonia.

This patient was bled when first taken with the pain in the back, and before the occurrence of the convulsions. Her bowels were moved by physic, aided by enemata, and she inhaled chloroform. The chloroform acted very favorably; it checked the convulsive action in a few seconds. But the convulsions had a depressive effect, such as I never saw in any other case. I have no doubt that our patient would have sunk at once, had they not been cut short by the chloroform; and I have little doubt that she would have recovered, had the chloroform been given at the beginning of the first convulsion.

CASE IV.—Mrs. P., second labor. In this case there was nothing peculiar about the labor, except a difficulty in delivering the membranes. The placenta reached the os externum readily, but was kept there by the retention of the membranes; a portion of them was eventually left in the uterus. The patient was very comfortable till the third day after delivery, when she had headache and feverish symptoms, preceded by chills. There was no abdominal tenderness, and no evidence of any inflammation about the uterus. These symptoms continued, with occasionally slight delirium, till the forenoon of the sixth day, when, having been left alone a few minutes, she greatly astonished her friends by her sudden appearance in the kitchen. On the afternoon of that day, she was taken with convulsions. These continued during the day and evening. In the intervals between them, she recovered her consciousness, but was excited and delirious. She slept a little during the night, and the next day was better; she still, however, complained of bad feelings in the head; she had a sensation as though she were sinking through the floor, or the ceiling were falling upon her. She gradually recovered. Nothing was ever seen of the membranes; she had after-pains during the day after confinement, which probably expelled them.

Venesection was employed to a small amount; the bowels were moved by physic; enemata of assafoetida were administered; and she was etherized. She also took valerian, and other antispasmodics, with opiates. The ether and antispasmodic medicines quieted her; the remedies, however, did not have a very marked effect, one way or the other.

CASE V.—Mrs. S., a young woman; first labor. On the morning of the 18th of August, the membranes ruptured, and labor-pains commenced. Immediately after, headache began, and con-

tinued with noise in the ears, but without heat of head or flushing of face. At 4, P.M., a convulsion occurred; in half an hour, there was a second. Meanwhile the labor-pains were strong, and the head of the child was descending into the cavity of the pelvis. The os uteri was rather rigid, but was slowly dilating.

The patient was immediately put under the influence of ether, and the convulsions ceased. The labor advanced, the os uteri rapidly dilated, and at midnight delivery was accomplished.

After the birth of the child, the ether was discontinued, and its effects were passing off, when another convulsion occurred. In a few hours, there was still another. In both cases, the convulsions were checked by the ether; and the nurse was directed to administer it forthwith, if any of the premonitory symptoms of another attack manifested themselves. An enema of assafoetida was ordered, and a teaspoonful of the fluid extract of valerian, every four hours.

Several times, in the course of the three following days, symptoms, portending a convulsion, such as pain and confusion in the head with dimness of vision, began to manifest themselves, but they were at once controlled by the ether.

At the end of a week, all bad symptoms had passed away, and our patient was as well as is usual with parturient women, at that time after confinement.

CASE VI.—Mrs. M., a middle-aged woman; third labor. At noon of the 28th of August, at the full term of pregnancy, after having had for two days pain in the head, dimness of vision, ringing in the ears, and restless nights, our patient was taken with convulsions. I saw her soon after. Her consciousness had partially returned, but she had a wild staring look, and her ideas were confused. Her head was hot, her face was flushed and swollen, and her pulse was rapid and full. She complained of headache, and of her tongue, which had been bitten during the paroxysm. There were no signs of labor. She was bled thirty ounces; and, as soon as she could swallow, took a full dose of infusion of senna.

At 4, P.M., she had another convulsion, worse than the first. When her consciousness returned, she still complained of headache, and also of pain in the epigastrium. The physic not having operated, she took another dose of senna and an enema of assafoetida.

Another convulsion at 7, P.M. Labor-pains commencing; pain in head and epigastrium not relieved; pulse 120, and strong; bowels had been moved. Six leeches were applied to the head, and ether was administered freely by inhalation. Labor progressed, and the child was born at midnight. The ether, of which a large amount was consumed, had but little effect in deadening the labor-pains, and the patient retained her consciousness; but there were no more convulsions. She afterward did well.



The child was with difficulty resuscitated; fifteen or twenty minutes elapsed before it cried freely.

What the precise effect of the ether was, in this case, it is not easy to say. The convulsions ceased as soon as labor commenced. The ether began to be freely administered about the same time, but had little apparent effect, neither producing unconsciousness nor relieving the suffering from the labor-pains. Possibly it expended its power in suspending the convulsions.

In Mrs. M.'s previous labors, there had been nothing out of the common course.

CASE VII.—Mrs. B., first labor. The labor was natural, and there was nothing peculiar about it, except a partial rupture of the perinæum; an accident, which, I apprehend, is more common than is generally known or admitted. Six hours after delivery, having been very comfortable in the meantime, without any premonitory symptoms, she had a violent convulsion, lasting ten minutes. When I saw her, soon after, she had recovered her consciousness, but complained of pain in the head and dizziness. Febrile symptoms were slight. She had eaten heartily of minced pie and similar food, the evening before, "thinking it," as she said, "to be her last chance for some time to come." Ten grains of calomel were given, to be followed in three hours by a tablespoonful of the aqueous extract of senna. The medicine operated freely, and there was no farther serious trouble.

I regret that the condition of the urine was not examined in the above cases. I can only say, in explanation, that most of them occurred before my attention was particularly directed to the connection between albuminuria and some forms of this disease. Puerperal convulsions, connected with the presence of albumen in the urine, are supposed to depend on the circulation of vitiated blood in the vessels supplying the nervous centres; the blood-poisoning consisting chiefly in the retention of uræa in the blood, and in the loss of a portion of its albuminous portion. In these cases, there are said to be marked œdema and pallor, and, during pregnancy, there will have been headache, lumbar pain, and general pyrexia. The cases which I have seen did not correspond, in their symptoms, with those in which the convulsions are supposed to be of an uræmic character; and, in the only instance in which the urine was tested, no albumen was found.

It remains to give a brief summary of the results of treatment in the above cases.

There seems to be a class of cases over which medical treatment has little or no influence. Case I. is of this description. A few weeks since, I saw, by invitation of a medical friend, a case strongly resembling it in most particulars, in which all the usual remedies were applied in succession, but without producing the slightest good effect. The child was delivered after perforation, and the woman soon after died. Such cases usually prove fatal,

whatever treatment be employed. One peculiarity, in each of these cases, in addition to the severity and continuance of the convulsions, was entire unconsciousness from the beginning.

Venesection is universally recommended in all the treatises upon this disease I have ever read. Denman took forty ounces of blood; Blundell, seventy; and so on. Bleeding, to a greater or less extent, was practised in five out of the seven cases, which I have reported. I am forced to say that I could not discover, in either case, that it did the slightest good. It may have been useful as preliminary to other remedies; but its immediate effects were not perceptibly beneficial in the slightest degree.

Leeches were applied to the head in two cases. In one, they did no good; in the other, they were used in connection with other remedies, so that it was not easy to form a decided opinion whether they were of use or not.

Purgatives and enemata seemed to be indicated and to be useful. They were given, one or both, in all my cases; in one case, a good cathartic was all that was required. Every physician knows, to his sorrow, that the bowels are very apt to be in a costive condition at the time of labor, and such a condition will be very apt to aggravate, if it do not occasion, convulsions.

Antispasmodics, particularly assafoetida, alone or combined with opiates, have proved serviceable. They were given after depletion. In three cases, they appeared to quiet the patient; in one case, an injection of assafoetida with laudanum did more good than anything else.

A solution of tartarized antimony was used in two cases, but without any benefit.

Iced water to the head, and rubefacients to the back of the neck and to the extremities, were used in nearly all the cases. These can do no harm, and probably they do some good.

But of all the remedies used in this disease, the inhalation of ether or chloroform seems the most efficacious. It was used in all my cases except two (the first and the last described). The first occurred before the days of ether inhalation, and, in the last, it was unnecessary. In two cases, it controlled the convulsions completely, acting almost like magic; in the others, I think it did good. I cannot speak of the comparative merits of ether and chloroform; but, on general principles, I should prefer ether.

A communication appeared in the Boston Medical and Surgical Journal, a year or two since, recommending tincture of stramonium in half-ounce doses in this disease. I have never tried this remedy, feeling a strong reluctance to administer any medicine in such a manner, that, in case of death, it might be doubtful whether the fatal result were owing to the disease or to the treatment.



PECULIAR FORM OF SPINA BIFIDA, WITH IMPERFORATION OF  
THE DUODENUM AND RECTUM.

[Communicated for the Boston Medical and Surgical Journal.]

BY J. B. S. JACKSON, M.D.

THE subject of the above malformations was received a few weeks ago from Dr. James W. Robbins, of Uxbridge; and in connection with the case, the following communication, essentially, was made to the Boston Society for Medical Improvement. It was a new-born child, and born apparently at the full period; presenting by the arm, it was turned, and lived about half an hour after its birth. The mother had previously had three well-formed children.

Externally, the penis was quite deficient, and the urethra terminated beneath it and at some distance from its extremity. Over the lower portion of the sacrum was a soft, fleshy excrescence, about half as large as a nutmeg, of a flattened form, and covered by healthy skin. Otherwise well.

The stomach was quite large, and distended. The duodenum terminated in a perfect cul de sac just before the bile duct opened into it, and was distended to the size of a large nutmeg. The intestine, proper, commenced almost at once, and was in no way remarkable except at its lower termination. The rectum opened into the bladder at its fundus, with which it was intimately connected; it then tapered off to a small extremity like an appendix cœci, this terminating portion being about three-fourths of an inch in length, and standing off from the line of the bladder and rectum at a right angle. The bladder was exceedingly small; and the urethra so small, that though the bladder was once, and once only, inflated from it from without, several unsuccessful attempts were made to force air through it by inflating the bladder from the rectum. The right testicle was in the scrotum and the left in the abdomen. Something was also found which it was thought at the time (but erroneously, as the microscope afterward showed) might be an imperfectly developed third testicle, the vas deferens of which joined that of the left testicle about midway. Over the front of the sacrum were two thin, but firm, rounded, well-defined cysts, each one third of an inch or more in diameter; they lay side by side, but the cavities did not communicate, nor were they connected with the neighboring parts except by cellular tissue; these contained apparently a thin serous fluid. The left jugular and subclavian veins formed a trunk that passed down behind and in close connection with the left auricle, and opened into that upon the right side. Otherwise, nothing unusual was observed in the internal organs. The bladder was small, but the kidneys were about as large as usual. Cavity of the pelvis small.

The cutaneous excrescence above referred to, though apparently a small affair, was quite interesting. On removing the surrounding integuments from the parts beneath, a short, rounded, firm,

fibrous-looking cord was seen to run from the excrescence to the termination of the spinal canal. This canal being laid open from behind, it was found that the spinal marrow was continued in substance downward, and nearly or quite through the sacrum, as it is continued down to the sac in a common case of spina bifida when the malformation is below where the cauda equina is usually formed. A small probe passed downward, within the theca, could not be made to enter the cord that seemed to connect the parts within the spinal canal with the cutaneous excrescence. As usually happens in these cases, the posterior laminæ of the last sacral vertebræ were irregularly developed.

In connection with this affection of the spine, I wish to refer to the report of two similar cases in the London *Medical Times and Gazette* (April 17, 1857), in each of which the external tumor, which was of some size, was successfully removed. The writer remarks upon them as "two examples of a condition of things of which, as far as we are aware, no other instances are on record." In the same Journal for April 25th, however, another case is given.

I can hardly believe in the great rarity of this malformation, notwithstanding the remark above quoted, and the fact that it certainly has not been noticed in general treatises, so far as I am aware. During a visit to Europe in 1851, I saw several specimens of this affection, as I regarded them, and of which I made memoranda. One was in the museum at St. George's Hospital, London; finely dissected, and showing the spinal marrow running down in substance into the sac; and in the same museum was a second specimen, unless there was some error in my notes. In the museum of the College of Surgeons, London, is one in an adult subject. In the Hospital Museum at Vienna is a tumor over the back of the sacrum of a new-born child, and which I supposed to be a case of the same kind, though this view of it was not alluded to in the catalogue. At Prague a specimen was seen, and I had some conversation upon the subject with Prof. Engel, to whom the idea of this form of spina bifida was new. At Bologna is a dried foetal skeleton; a cyst, nearly as large as the two fists, arises from the back of the pelvis, and is marked as a subcutaneous encysted tumor. Lastly, in the Hospital Museum at Venice is a solid looking tumor, as large as the head of an adult, and projecting from the back of the pelvis of a nine months foetus.

In addition to the above, I have seen the following cases here; and several of them have been seen by different members of the Society:—

1st. A healthy little girl, partially paralyzed; the tumor looked like a female breast, and a cast was taken of it for the Society's Cabinet (850), in 1845. She is now 18 years of age, and has been able to exercise pretty freely about the city; but for the last few months has been suffering from a pulmonary affection, that her physician, Dr. C. E. Ware, thinks may perhaps terminate in consumption.



2d. An infant, 14 months old, under the care of the late Dr. H. G. Wiley. The tumor was the perfect counterpart of the first case, but there was more paralysis. It died of diarrhœa, in 1843. I examined it after death, and the parts are preserved in the Society's Cabinet (801 and 1223). The spinal membranes expanded into a sac of considerable size, and the spinal marrow was continued down in substance to it. Sacral vertebræ malformed.

3d. In 1846, I received a seven months' fœtus, from Dr. D. H. Storer, and dissected it for the Society's Cabinet (802). This case must have resembled the one seen at Bologna. Instead of a solid tumor, a cyst was found, lined by a polished and vascular membrane, and containing, though by no means distended, ten ounces of serum. The spinal marrow terminated just within an opening upon the inner surface of the cyst. Various other malformations also existed.

4th. A girl, æt. 17, entered the Massachusetts General Hospital, April 3d, 1849, under the care of Dr. J. M. Warren. "The original tumor, directly over the spine (last lumbar vertebra and sacrum), is about as large as a medium-sized apple, is soft and fluctuating, and protected by a thick and tough skin. The second extends from the right side, is about as large as the other, and perfectly solid." I made no record of this case; and, unfortunately, it is not stated in the Hospital Records, from which the above quotation is made, whether there was paralysis; but this last, to some extent, at least, may be inferred from the fact that one of her feet began to turn in when she first began to walk, the other subsequently, and that the deformity was very great when she was seen at the Hospital. The left foot was much diseased, and amputation was performed by Dr. W.

5th. In 1852 I examined, for Dr. J. Homans, a case of extroversion of the bladder with other malformations, in a new-born infant. The tumor of the sacrum was divided into two portions, one of which was half as large as a small orange, and the other equal to a large nutmeg. These communicated freely, contained some ounces of clear serum, and were lined by a serous membrane, between which and the skin that covered them, was a loose cellular tissue, but no fat. Through an opening upon the inner surface of the cyst, a probe was passed upward into the spinal canal; and, the wings of the sacral vertebræ having been cut away, the spinal marrow was found to pass in substance down to the cyst. This case was published in the *American Journal of the Medical Sciences*, January, 1853.

6th. A healthy-looking little girl, æt.  $2\frac{1}{2}$  years, under the care of Dr. E. D. G. Palmer. The tumor was nearly or quite half as large as an adult fist, and mostly covered by healthy skin; but from it there arose a mass about the size of a nutmeg, and pretty well defined, of a bright red color, excoriated upon the surface, and having a soft and fluctuating look, as if from a protrusion of

the spinal membranes, though it was quite fleshy to the feel. At another part of the tumor a sort of nævus was seen. The paralysis was very marked, though the child could walk about the room, with the aid of the chairs. The case was published in the Boston Medical and Surgical Journal, May 17th, 1855, and a cast of the tumor, taken for Dr. P. when the child was seven months old, was presented by him to the Society (Cabinet, No. 1284).

7th. A healthy-looking little child, with a solid tumor over the sacrum, and slight paralysis; this case I saw two or three years ago, but made no record of it.

8th. A woman, æt. 23, from St. Albans, Vt., and a patient of Dr. J. L. Chandler. The case was published in this JOURNAL, Feb. 22d, 1855, and with it was given a summary of the four first cases above reported. A cast of the tumor, which was very large and ill defined, is in the Cabinet of the Medical College (1681). The paralysis was considerable, and the feet were much deformed, as in the fourth case; but the general health was good. Recently, I have received a letter from this patient, in which she says that in October, 1857, she fell backward from a horse, struck upon the tumor, and suffered severely in consequence. She is now, however, much better, and the tumor much reduced in size, though still considerably larger than before the accident.

9th. Within a few weeks I have seen, with Dr. Geo. Bartlett, a little girl two years and five months old, in whom the tumor is about one half as large as the patient's head. For the most part the skin is sound, and the mass solid to the feel. To a considerable extent, however, the surface is red and uneven, and the integument inflamed, and so it has been more or less from birth. There is no excoriation of the surface, but a few dry scabs show where there has recently been a discharge, which not infrequently takes place. This discharge is generally purulent, and has sometimes amounted to one or two drachms, but it has never been serious, as if from the spinal canal. Some parts of this red surface are soft, and it has once been punctured, but nothing of any consequence was discharged. In this case there has never been any paralysis.

Dr. Robbins's case, the report of which has led to the above details, makes the tenth and last that I have seen; a sufficient number, certainly, to justify the remark above made, that here at least this variety of malformation is not very rare.

I have always regarded this affection as a form of spina bifida; though I would not undertake to explain why it is that the integument is generally so sound, and the fat so developed beneath it, when the malformation affects the sacral region. I have only once (Dr. H. J. Bigelow's case) seen the healthy skin continued over the tumor when the spina bifida was in the lumbar or dorsal region.

The general characters of this class of cases, as above observed,



may perhaps require some notice. The tumor over the sacrum is congenital, and grows with the subject. The skin and integument are generally healthy, and the whole mass is about as fleshy to the feel and as defined as the female breast. The size varies very much, from a mere excrescence (Case 10) to a very large size. When the skin and integument is imperfectly developed, it is so to a small extent only, in comparison with the whole surface of the tumor. The dilatation of the spinal membranes may be very great, as in the third, the fifth, and in one of the foreign cases; but it is probably and generally very inconsiderable, judging from the feel of the tumor. The spinal marrow is continued down to the sac, so far as dissections have been made; and the sacral vertebræ are probably more or less imperfectly and irregularly developed. The subject, if otherwise well formed, may live to the adult age, but with more or less paralysis; in the ninth case, however, which might be regarded as a formidable one, from the size of the tumor and from the inflammation to a considerable extent of the integuments, this last symptom was wanting.

A very important question arises as to the treatment of these cases. In one of the above, an eminent surgeon proposed to remove the tumor, having probably no idea of its nature and anatomical relations. The patient was thought to have had a narrow escape; and yet when we consider the result of the operation in the two cases reported in the London journal, as above quoted, the fact that the tumor generally grows with the patient, so that in adult life it might get to be very large; and, further, the comparatively small size of the expanded spinal membranes in the large majority of cases, judging from the feeling of the tumor, it would seem very desirable to remove the mass, and possibly the greater part of it might be cut away without opening the spinal cavity. The solid tumor about this cavity probably gives it support, and tends to prevent its enlargement; but support might be given by some artificial means. An opening into the cavity might bring on inflammation that would extend along the spinal and even to the cerebral membranes. In one of the London cases, however, above quoted, and which occurred at the Hospital for Children, the tumor was excised, without the operator seeming to have thought of the spine, and yet the patient did well.

An apology may be necessary for re-publishing some of the above cases which are already in print; but, as so many have now accumulated, I have thought it best to present the whole in a body, and at the same time refer to European specimens, which may be examined by the correspondent of the *London Medical Times and Gazette*, or any others who may feel an interest in the subject.

*November 24th, 1858.*

### Bibliographical Notices.

*Etudes sur la Monorchidie et la Cryptorchidie chez l'homme.* Par M. ERNEST GODARD. Extrait des Mémoires de la Société de Biologie. Paris: 1857. Pp. 149. Illustrated.

THE monograph with the above title is an exhaustive compendium of what has been written on the subject to which it refers, and comprises in addition a large amount of original matter based upon the observation of a great number of facts and cases. It is handsomely printed, and illustrated in a manner beyond all criticism.

The malformation of which it treats is familiar to every medical man, and important anatomically, practically and medico-legally. The method and causes of the testicles' descent are yet but imperfectly understood, and in the outset M. Godard plainly and intelligently discusses the vexed questions of the *gubernaculum*, what it is, the nature of its insertions and their uses; its identity with the cremaster, as maintained by Curling and denied by Carus and Cloquet; its anomalies and mal-insertions and their consequences, as well as the modifications which the *processus vaginalis* undergoes, and the manner of its obliteration.

Testicular dislocation presents a variety of forms, and the displaced gland may be found within the abdominal cavity, in the inguinal canal, the crural canal, the fold between the scrotum and the thigh, and in the perinæum. M. Godard applies the term *monorchides* to those individuals in whom one testicle has alone descended, and *cryptorchides* to those neither of whose testicles are to be found within the scrotum. This latter condition, abnormal in man, is the natural one of many animals, and each of the varieties of displacement above mentioned finds an analogue in some one of the species of the lower orders: thus, inguinal inclusion is natural to the beaver, the llama and the camel; perinæal to the boar; cruro-scrotal to the quadrumana, except the chimpanzee and the ourang; and abdominal to the elephant and rhinoceros. In many animals, during the rutting season, the testicles either ascend to, or descend from the abdominal cavity, for man, with the exception of the chimpanzee, presents the only instance in which the *processus vaginalis* becomes obliterated.

Among the causes of arrest in the migration of the testicles, "errors of diagnosis" are mentioned; the following paragraph, which we quote entire, must be familiar in its facts to many, and especially to dispensary surgeons.

"The arrest of the testicle within the abdomen or inguinal canal is frequently owing to an error of diagnosis, made sometimes by the surgeon, but oftener by the truss-maker. A child, with a movable and reducible tumor in the inguinal region, displaced by exertions or by the act of coughing, is carried to the shop of a truss-maker, who, without looking to see whether the scrotum contains the testicles, diagnosticates a hernia and applies a truss. Or, if the tumor is reduced, the delighted parents never dream that they have deprived their child, perhaps forever, of one of his testicles. Or, again, and perhaps it is the most fortunate occurrence of the two, the tumor becomes intolerably painful under the compression of the truss, and the poor victim is carried to a surgeon, who takes off the apparatus, and the testicle then descends to its destined position. On the other hand, the



truss may have obliterated the ring, or the testicle compressed and becoming inflamed, or adherent to the inguinal canal, the patient is fortunate to escape with one testicle left sound and the other degenerated."

The absence of the tunica vaginalis in monorchides and cryptorchides, except when the dislocation is owing to retraction, and the bearing of this fact upon the anatomy of hernia; the possible occurrence of inguinal or perinæal hydrocele; the liability of mistaking an inflamed inguinal testicle for a bubo or a strangulated hernia (as has been done, and an operation performed), or an inflamed perinæal one for an abscess (as happened to Ricord), are points illustrated by cases, and discussed in all their details.

M. Godard thinks nothing should be left undone to bring the testicle, if within the inguinal canal, outside of the external abdominal ring; if within the abdomen, it had better be left alone, as it is not then liable to the accidents which may occur while it lies in some of its other possible positions. The dilatation of the processus vaginalis by the slow descent of the testicle, renders hernia so frequent a complication, that the course to be pursued must depend much upon the nature of each individual case and the judgment of the surgeon. Exercise and gymnastics are to be tried, with the greatest discretion, and pressure and manipulations, whilst they may succeed in one case, may only do mischief in another. Even if the gland is brought down, the cremaster has a constant tendency to drag it back again; and the application of a truss under these circumstances is a constant source of difficulty, from its compression of the vessels. In some cases, the testicle may be pushed back within the abdomen. Although it is perfectly evident what it is desirable to do, the method of its accomplishment is anything but apparent.

Bartholinus says that the testicles are placed outside the belly, "*ob castitatem, si Aristotili credimus, nam animalia quæ testes habent abditos intus in corpore saliciora sunt, sæpius coeunt, plures fœtus gignunt.*" A long enumeration of authorities is given, to show the disagreement which exists as to whether cryptorchides and monorchides are capable of procreation. M. Godard's conclusions are as follows:—

Monorchides, in whom the descended testicle is healthy, are perfectly capable of reproduction; nothing betrays their infirmity; they are as vigorous as other men, excepting that occasionally the malformation has an unfortunate moral effect. The undescended testicle always undergoes fatty and fibrous degeneration, and is incapable of secreting spermatozoa. The *vèsicula seminalis* of the corresponding side becomes atrophied.

Cryptorchides, whose testicles, although developed, have imperfectly descended, are capable of erections, but ejaculate a seminal fluid void of spermatozoa, and cannot beget children. Those whose testicles are imperfectly developed on the two sides, and in whom the vas deferens alone has descended, may occasionally have erections, but never ejaculate. As to the propriety of marriage on the part of cryptorchides, he says, "if it is forbidden to them because of their sterility, it must also be forbidden to a large number of individuals who are in a position equally unfortunate, though both their testicles be found within their scrotum."

The above is but a partial sketch of the topics of interest treated

of in this essay ; but more than enough, perhaps, to call attention to it. The practical questions connected with these malformations well deserve special study. The treatise of Curling, whilst it contains most of the facts collected by Godard, necessarily omits the details and cases which the latter has so lavishly provided in an essay which, from its own merits and the importance of its subject, would well bear translation. It is worth reading merely from the interest of many of the topics it discusses, and the physician who has it in his library will find it, as a book of reference, not the least used of his collection.

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*Illustrations of Typhus Fever in Great Britain, &c. &c.* By J. B. UPHAM, M.D., formerly Assistant Physician to the Hospitals connected with the House of Industry at South Boston and Deer Island. Boston : David Clapp, 184 Washington St. Pp. 46.

THIS volume consists of the communications lately published by the author in the pages of this JOURNAL. They are now collected into a thin, very neatly-bound octavo, and constitute a very valuable *répertoire* of facts.

A former work by Dr. Upham upon the subject of Fever, is doubtless fresh in the memory of practitioners here ; and has deservedly attracted much attention elsewhere in this country, and abroad. The author briefly alludes to this forerunner of the present work—in its completed form it gave us “examples of the fever in all its different degrees of intensity, and with the varying phases, complications and sequelæ manifested in the epidemic in question”—viz., that which was closely observed by Dr. Upham, ten years since, at the hospitals at South Boston and Deer Island.

Since then, the author has enjoyed unusually favorable opportunities for watching the disease, and he has thoroughly and zealously improved them. This volume is evidently not the product of a few strolling perambulations of fever hospitals, but the result of a study and examination of this dangerous and contagious malady, the chance to obtain which observation was courageously sought. Dr. Upham entered the London Fever Hospital “for a brief period, as a student of fever, carefully noting” what he “saw of the disease, in as many cases as it was possible to follow up,” and he learned incidentally, by the best means at his command, the previous history and condition of each patient.

Every facility was placed at his disposal for the attainment of the end in view ; and the recital of the kind and polite attentions thus afforded him, which we have heard from his own lips, proves the readiness with which his intentions were seconded, and the generous freedom allowed him in making his observations. This course is at once unusual and highly creditable to the physicians of the Hospital above-mentioned ; and is all the more noticeable from the fact that the recipient of these favors was a foreigner.

Dr. Upham pays an especial tribute to Dr. W. H. O. Sankey, by dedicating the volume to him ; and elsewhere mentions, particularly, the obligations under which he considers himself to him.

Drs. Tweedie and Southwood Smith had charge of patients whose cases were examined and recorded by Dr. Upham.

The account of Fever thus given us is especially valuable as presenting a comparative view of the disease in its native localities and



in "its manifestations and habits here *as an exotic*;" and it is drawn up with such minuteness and carefulness of detail, that it must always be a valuable source for reference. It is highly creditable to the author, and affords abundant proof of his industry in collecting facts; his courage in confronting a disease usually met with some shrinking, even by those whose imperative duty requires them to encounter it; his accuracy in noting the phenomena of the affection, and his lucid generalization of the observations accumulated.

The importance of hygienic regulations—and especially of free and well-regulated ventilation—no less in the prevention than in the treatment of fever, is well demonstrated in these pages. When we contrast the enlightened management of the present day with that which many of us can remember, and all have heard of, it recalls to our mind those striking lines of *Praed*, which so well express the blessing of one "ready to perish" for want of light and air. What is so graphically told of his "*Vicar*," should hereafter be predicated of every physician who realizes the blessings of hygienic measures in the treatment of disease. The italics are ours.

"At his approach complaint grew mild;  
And when his hand unbarred the shutter,  
The clammy lips of Fever smiled  
The welcome which they could not utter."

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*A System of Human Anatomy, General and Special.* By ERASMUS WILSON, F.R.S. A new and improved American, from an enlarged London edition. Edited by WILLIAM H. GOBRECHT, M.D., Professor of Anatomy in the Philadelphia College of Medicine. With three hundred and ninety-seven Illustrations on wood. Philadelphia: Blanchard & Lea. 1858. 8vo. Pp. 616.

THE strenuous endeavors of author, editor and publishers to render this work the best practical treatise on Human Anatomy, was never more evident than in the present edition, which far surpasses all the previous ones in completeness, in accuracy, and in the beauty and number of the illustrations. The former editor, Dr. GODDARD, being prevented from taking farther charge of it, it has been placed in the hands of Dr. Gobrecht, who has made large additions, including an introductory chapter of a general nature, and suited to the wants of the student, and about one hundred and thirty illustrations, besides many notes. It is thus the best work in the English, and we believe we may say, in any language, for the use of the student of anatomy. In point of mechanical execution, also, this book reflects great credit on all concerned in its production. The letter-press is excellent, and the engravings are beautifully done, particularly those added by the American editor. We are pleased to notice in the author's preface an acknowledgment of the liberality of the American publishers, who have forwarded to Mr. Wilson a pecuniary compensation for the profits derived from its republication.

No medical student, and few practitioners, can afford to be without Wilson's Anatomy.

For sale in Boston by Ticknor & Fields.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, DECEMBER 2, 1858.
 

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## SANITARY CONDITION OF NEW YORK.

THE sanitary condition of the city of New York calls loudly for reform. Indeed, matters must be in a deplorable condition when we may read in the daily papers an advertisement calling upon the occupants of houses and shops on Broadway to contribute toward the expense of sweeping the street, the city authorities having utterly neglected to have it done. During the last year there were 438 deaths from smallpox in that city, besides the cases imported and sent to the Marine Hospital, while in Boston there was not a single fatal case. During the last eleven years there were 50,000 cases and 5,000 deaths by it. The ratio of deaths from all diseases to the population is one to 27, the proportion in London being one to 42.

It would seem that this unfortunate state of things is mainly owing to the want of an efficient health department. Sanitary matters have hitherto been managed by a City Inspector and twenty-two Health-Wardens, none of whom are medical men. The health of the metropolis is entrusted to the hands of confectioners, grocers, carmen, clerks, and other citizens, all very respectable men, no doubt, but probably not much more conversant with the science of health than so many North American Indians. In commenting upon this state of affairs, the *New York Times* says, "the heads of families see in it the necessity, now become absolute, of removing their children of a tender age into other places during the summer. Real estate owners complain that the value of town lots is depreciated. The medical profession protest that it is a reproach upon their skill. Thoughtful lovers of their race say it is a wicked waste of human life. At last the grievance has become so urgent that last week there was a spontaneous gathering of physicians—men the most sensitive in the community to any charge of meddling, either as a class or singly, in local or political matters, to talk it over, and suggest a remedy. They consulted freely, and unanimously agreed that the least they could do in self-defence and for humanity's sake was to ask that hereafter the head of the Health Department and his deputies should be men of some acquaintance with the laws that regulate health and disease; that public medical matters should be entrusted to medical men."

We earnestly hope that this suggestion will be adopted. The good effects of such an arrangement are obvious in Boston, the health of which, under the supervision of the City Physician, compares most favorably with that of any other city. Our streets are kept clean, our sewers are generally in good order, cellars and dwellings are as free from filth as can be reasonably expected, nuisances are abated, vaccination is universally performed, and the importation of contagious disease is prevented by rational quarantine regulations. The consequence is that we have been almost free from epidemics for years; smallpox is unknown, the standard of health is raised, and the ratio of mortality is diminished, being only one in 42.95 for the past year. To quote from the last Report of the City Registrar, "Compared with



New York, Boston presents a striking contrast. While the former city has a population only about four and a quarter times larger than that of the latter, its mortality is nearly six times larger. The cause of this disparity is not to be sought for, certainly, in any advantages that Boston may be supposed to possess in the way of location; for it would be difficult to imagine a city more favorably situated than New York, flanked by two noble rivers running its entire length, affording facilities for drainage unsurpassed by those of any other city. The favorable contrast which Boston presents to her sister city is undoubtedly mainly owing to the excellence of its sanitary police. The efficiency of this system is seen in the yearly diminution of the mortality, and in the almost total absence of epidemic diseases."

The *Times* suggests that competent men could be found among the dispensary physicians to inspect the sanitary condition of the city. Their familiarity with the habitations of the poor would be of great benefit in exposing the sources of disease which are susceptible of removal, and at least of removing that unnecessary scourge, smallpox, by thorough and efficient vaccination. The moderate compensation which these young men would receive would be an acceptable, though most inadequate remuneration for all the services which they are ever ready to bestow upon the suffering and needy.

As we look with pride on the excellent sanitary condition of our city, we hope the time is far distant when mere political aspirants shall fill those most important offices on which depend the health and lives of our citizens. So long as their incumbents are practically acquainted with sanitary laws, we are safe; but if the municipal government, like that of the Commonwealth, should appoint to such responsible stations men who, whatever their qualifications may be in other respects, are unfitted by education and profession for the discharge of their duties, we must expect to see Boston ravaged by epidemic disease, notorious for its high mortality, and deserted by all who can avoid it as a place of residence.

#### INVERSION OF THE UTERUS.

A CASE of this rare accident is reported in the *Montreal Medical Chronicle*, by Dr. F. S. Verity, of Hemingford, Canada East. The patient was 40 years of age, and had had nine children. The child was suddenly born while the mother was walking about the room, and fell to the floor, without being materially hurt. Inversion of the uterus immediately followed—whether in consequence of the sudden jerk upon the placenta by the falling child, or from its own irregular contraction, it is not easy to say from the report. Probably both causes may have been in operation at the same time. The loss of blood was very great, and the patient seemed dying when Dr. Verity arrived. After trying in vain to reduce the organ with the placenta attached, he determined to remove the latter, and found to his satisfaction that he was able to restore the womb to its proper position, by making firm pressure on the fundus. The patient did perfectly well until the third day, when she sat up in bed to change her night-dress. After complaining of vertigo, she fell back on her pillow and expired, probably from syncope.

Dr. Verity supposes that by his method of reducing the uterus, he violated two rules of fundamental importance; first, in removing the placenta before the reduction, and second, in re-inverting the uterus

by making pressure on the fundus, instead of returning first the parts last prolapsed. The fact is, however, authorities are very much divided on these points, and although the preponderance is in favor of not removing the placenta first, yet the majority is not a large one. Dewees admits that it may sometimes be necessary to separate the after-birth before reduction can be effected, and Churchill inclines to this procedure. Kiwish says: "most authorities agree that in recent inversion, when the placenta is adherent firmly, or to a great extent, the uterus should be returned without delay to its place, before removing the after-birth; but in those cases, on the contrary, where the placenta is partially detached, and not firmly adherent, or where the constriction of the cervix uteri offers too great an impediment to the reduction of both together, the after-birth should be previously removed." No invariable rule can therefore be given, but we believe that in most cases the bulk of the placenta will prove so great an obstacle to the efforts of the operator that he will be compelled to remove it. It does not seem probable that the hæmorrhage will be increased by this procedure; on the contrary, the tendency of the womb is to contract after the separation of the placenta, its vessels will become closed, and the organ will be more easily re-inverted than before.

As to the method of performing the reduction, we apprehend that the best authorities recommend that pressure should be made on the fundus with the fingers, and continued until the contraction of the neck is overcome, when the organ will, in favorable cases, suddenly shoot back into its place. The uterine walls are usually in so flaccid a condition when this accident occurs, that the cervix does not offer a very powerful resistance to the efforts of the operator. Instead of the fingers, some writers recommend that a stick, or piece of whalebone, guarded with a cushion at the end, should be employed, as a means of making pressure on the fundus, and Kiwish cites a case in which a similar method was successfully tried after the uterus had been inverted four days, the pressure being kept up three days by means of a T bandage; and the womb was finally restored to its place.

In one respect, Dr. Verity's case is a most instructive one, as it shows the great danger of allowing a patient who has lost much blood to sit up. Had not the nurse acted most carelessly in permitting the woman to change her dress, the case would, in all probability, have had a favorable termination.

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*Expulsion of a Fellow from the Massachusetts Medical Society.*—At a Board of Trial, regularly appointed by the President of the Massachusetts Medical Society, and held at Lowell on the 15th September, Dr. Henry M. Hooke, of Lowell, was expelled from the Society in consequence of charges preferred against him by the Middlesex North District Medical Society, which were duly substantiated. The charges consisted in offering for sale secret remedies, in refusing to pay his dues to the Society, in frequent violations of the recognized Code of Medical Ethics, and other dishonorable and unprofessional conduct.

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Dr. William Burton has been elected governor of Delaware. The doctor is about 70 years of age, and practised in Milford in that State, about forty-five years. We learn that he has always been respected, both as a practitioner and a gentleman.—*Med. and Surg. Reporter.*



## TUBING THE LARYNX IN CROUP.

A NEW method of treating croup, when there is danger of asphyxia, has been proposed by M. Bouchut at a meeting of the French Academy of Medicine. The introduction of a tube through the glottis is recommended, instead of tracheotomy. The tube is from six to fifteen millimetres in diameter, and from eighteen to twenty-four in length. In order to fix it securely in the larynx, the vocal cords are placed between two projections, which prevent either the ascent or descent of the tube, which is further secured by silk cords to a collar about the neck. The tube is allowed to remain until the symptoms of asphyxia have disappeared.

It may excite astonishment that a part so sensitive as the larynx under ordinary circumstances, should tolerate the presence of such a body. Nevertheless, the tube is perfectly well borne, and interferes in no respect with the functions of the epiglottis. It is sufficiently short to disappear entirely in the larynx, its upper surface being on a level with the ventricles.

Bouchut has twice applied the tube at the Hospital St. Eugenie ; once to a girl affected with diphtheritis of the ear and larynx, at a time when there was cyanosis and complete anæsthesia. It remained thirty-six hours in the larynx, which was freed from the false membrane. The patient, however, died of pneumonia, and the effect of the diphtheritic poison, but she was saved from asphyxia and tracheotomy.

The second case was that of a boy, 3 years old, affected with croup. At a time when asphyxia seemed imminent, the tube was introduced without difficulty, and remained forty-two hours, without interfering with the function of the epiglottis, or producing paroxysms of suffocation. He twice expectorated large tubular false membranes, which had formed in the bronchi. Gradually, however, the difficulty of breathing increased, and tracheotomy was performed.

From these two facts we may infer—

1st. That a metallic tube can be introduced and allowed to remain in the glottis.

2d. That by this simple and safe method we can introduce air as well as by tracheotomy, when there is danger of asphyxia in croup, or any other disease of the larynx.

3d. That after the prevention of the asphyxia, we can still treat the croup either locally or constitutionally.

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*Wilful Murder.*—A verdict of “Wilful Murder” has been returned against two foreigners charged with causing the death of a young female, at Manchester, by lacerations of the vagina and uterus, accidentally inflicted in the attempt to procure abortion. The evidence against them was strong—nay, appeared to be conclusive ; and the verdict was arrived at after very few minutes’ consideration. The crime is one so peculiarly odious, and so fatal in its social influences, that it is a matter of peculiar satisfaction that justice has not been defeated, as it but too often is, in cases of this nature. There is no doubt that the crime of procuring abortion is habitually practised with impunity. It is known, moreover, that they are chiefly foreign adventurers who practise these infamous arts, and who find in them a degrading means of livelihood. It is a crime not less horrible in itself than dangerous in its consequences—one which calls for the severest punishment.—*London Lancet.*

*Belladonna as a means of arresting the Secretion of Milk.* By GEORGE S. HARDAWAY, M.D., Cold Spring, N. Y.—I have seen in several recent journals some notice of the external use of the extract of belladonna as a means of arresting the secretion of milk, but the number of cases reported do not seem sufficient to prove the efficacy of the agent.

In the lying-in wards of Bellevue Hospital it is a routine practice, though, like many of the practices which have been employed there for a long time, I expect no one knows by whom it was introduced. I used it in many cases during my connection with that Hospital, and have employed it in several since I left there, and I never knew it to fail, and this I think is the experience of the Hospital. We used the pure extract, softened it with water if necessary, smeared over the whole of the mamma. Used in this way, it arrested the secretion of milk in from twelve to thirty-six hours, though as I kept no account of the cases in which I used it, I cannot speak very positively as to the time required for its action. I have seen the ointment of belladonna used without doing any good.—*Nashville Journal of Medicine and Surgery.*

*A Botanic Libel.*—It is not for men to affix the stigma of poison upon a harmless berry. It will be remembered that a child died lately after eating various berries, and amongst them a quantity plucked from the mountain ash (*Pyrus Aucuparia*.) The old confusion followed between *post* and *propter*, and the case was announced as one of poisoning by the berries of the mountain ash. These berries are absolutely harmless. We have received the vindication of their character from many quarters. We are told that in Sweden and Kamtschatka they are eaten freely; in Livonia they are converted into bread; in Russia, into lome or a sort of liqueur. These distant testimonials are fully confirmed by home evidence: they are freely eaten in Scotland and some parts of Wales, and are said to make an agreeable preserve, which has a good medicinal reputation. If, therefore, any medical botanist should have inscribed them on his black list, upon the evidence at the late inquest, he should lose no time in instituting the proceedings necessary to the restitution of their fair fame.—*London Lancet.*

*Electric Anæsthesia.*—MR. G. WAITE, in the *London Lancet* of October 2d, says:—

“A few years prior to the Great Exhibition of 1851, Mr. Laxton registered for me the right to patent the electro-galvanic current for surgical purposes, its usefulness having struck me when asked by patients to allow them to hold chains, consisting of the metallic combination of various galvanic elements, when undergoing dental operations. Subsequently, at the Great Exhibition, I exhibited a battery, with the chain and wires, ready for the dentist's use.”

*Health of the City.*—The chief feature of interest in the mortality of last week is the preponderance of deaths among females, they numbering 40, to 29 males. Among them were three between 80 and 90 years of age, one aged 93, and one aged 100. The largest number of deaths, apart from those from phthisis, were from pneumonia and typhoid fever. There is much resemblance between the report of last week and that of the corresponding week of 1857, in which there were 67 deaths—16 from consumption, 7 from pneumonia, and 4 from typhoid fever.

MARRIED,—In Deerfield, Mass., Dr. Wm. T. Hanna, of Peoria, Ill., to Miss Sylvia W. Hoyt, of Deerfield. —On the 2d ult., David Hough, M.D., of Alleghany County, Pa., to Miss Elizabeth Jane McCune, of Cumberland County.—9th ult., Dr. James McGarr, of Pittsburgh, Pa., to Miss Jennie, daughter of Dr. James Torrence, of Fayette Township, Alleghany County, Pa.—In Philadelphia, Nov. 14th, Thomas C. Williams, M.D., to Miss Matilda C. Binns, both of that city.

DIED,—At Lancaster, Pa., Nov. 18th, Dr. J. C. Stanley, in the 53d year of his age.

*Deaths in Boston* for the week ending Saturday noon, November 27th, 69. Males, 29—Females, 40.—Apoplexy, 2—inflammation of the brain, 1—burns, 1—cancer, 1—consumption, 18—convulsions, 1—croup, 3—cyanosis, 1—dysentery, 1—dropsy in the head, 2—infantile diseases, 5—typhoid fever, 4—scarlet fever, 3—disease of the heart, 3—disease of the hip, 1—inflammation of the lungs, 5—congestion of the lungs, 1—disease of the liver, 2—old age, 5—pleurisy, 2—sore throat, 1—teething, 2—thrush, 1—unknown, 3—whooping cough, 1.

Under 5 years, 22—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 11—above 60 years, 15. Born in the United States, 39—Ireland, 25—other places, 5.



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## ANÆSTHETICS IN MIDWIFERY.

[Communicated, by request, for the Boston Medical and Surgical Journal.]

At a late meeting of the Norfolk (Mass.) District Medical Society, the subject of discussion being "*The extent to which anæsthetic agents should be used in midwifery*," Dr. COTTING, of Roxbury, made the following remarks:—

We restrict for the present discussion the term "anæsthetic agents" to those administered by inhalation, and whose powers have been but recently discovered.

The volatile substances which have been used as anæsthetic agents within the last ten or twelve years are—*ether* (sulphuric, so called), *chloric ether* (a tincture of chloroform), *chloroform*, and *amylene*. Others have been tried, but these have obtained the greatest number of advocates.

The various objections to ether, particularly its unpleasant odor and the large quantity required, led to the trial of chloric ether. This having been shown to be only a solution of chloroform in alcohol, the adoption of pure chloroform was a natural sequence. As chloroform proved to be a dangerous and often a deadly agent, a return to chloric ether followed on the part of a few surgeons. This agent subsequently proved fatal, and is now seldom heard of. A mixture of sulphuric ether and chloroform was at one time advocated by one of the claimants to the original discovery, but was never received with much favor. Two years since, Dr. SNOW, of London, who made the administration of anæsthetics a "speciality," thought he had discovered in amylene (made by distilling fusel oil with chloride of zinc) an agent which would prove less objectionable than any previously tried, and quite as efficacious. He had already published several reports in its favor, when a fatal case occurring in his own hands checked further experiments therewith. A similar fate awaited its use in France. In this country it has not been tried to any great extent. We have administered it a few times with indifferent success. Had Dr. SNOW lived, he would probably have soon laid it aside, if, indeed, he had not already done so.

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On the continent of Europe, chloroform is the chief volatile anæsthetic made use of; and, to this day, ether, and America, as connected with the discovery of its anæsthetic powers, are almost entirely unknown or ignored. In England, also, until quite recently, chloroform has been employed almost exclusively. But the many deaths caused by it have at last induced some of the London surgeons to administer ether; and one author—Mr. Erichsen—has, in his recent work, become its partial advocate. The continued presence in Europe of the chief opponent to the use of chloroform, may have had some influence in effecting the change alluded to, and may yet be the means of inducing continental surgeons to recognize the advantages of ether, and to acknowledge more freely the claims of our country to the greatest discovery of the age.

It has been claimed for chloroform that "it is far more portable; more manageable and powerful; more agreeable to inhale; less exciting than ether; and gives us far greater control and command over the superinduction of the anæsthetic state." "On the other hand," says Dr. Hayward, *Surgical Reports*, p. 246, "it cannot be denied that fatal effects have followed its inhalation, even when administered by the most judicious hands, that in some cases convulsions have been produced, and in others great disturbance of the brain, causing delirium. In some persons this affection of the mind has continued several weeks." And, again: "scarcely a medical journal comes to us from Europe that does not add one or more to the melancholy catalogue. It is wonderful to me that intelligent and educated men should continue to use an agent of such terrific power. That its effects are oftentimes salutary, every one will admit; but that they are not infrequently deadly, no one can deny."—*Ibid.*, p. 260.

Not far from a hundred deaths directly due to the inhalation of chloroform have now been reported. Many others have doubtless occurred; but, as in midwifery it is difficult oftentimes to estimate the relative importance of the attending circumstances, there is some doubt whether the whole evil has been made known to us. Fatal cases have happened in the practice of the most experienced, judicious and careful practitioners, and where the result could not be chargeable to the impurity of the agent, nor to the quantity inhaled. Indeed, the chief alarm arises from the fact that many of these deaths took place before any considerable quantity had been inhaled, and when the purest article had been used, and the greatest caution has been observed to secure its gradual administration. In some cases the fatal result has been almost instantaneous. There is no possibility of eliminating such cases. It may happen to one's first patient, or never through a long experience; but there are no means of previous discrimination. "Tenth or ten thousandth," the appalling risk is equally great in each untried case; and previous impunity will not insure subsequent safety.



We have said thus much because there is danger in the doctrine that the ill effects of chloroform result from the "impurity" of the article used, or the "want of due care" in administering it. This doctrine, so common abroad, has been quite recently advocated by a highly respectable practitioner in a neighboring State; and his "Paper" has been adopted by the State Society, and printed in their "Transactions." "Rashness" and "inexperience" are unseemly words from any one whose next case may, in spite of his experience and caution, cause him to implore a more charitable judgment of the cause of its fatal termination.

In Boston and vicinity, ether is the only anæsthetic the use of which is openly advocated by experienced practitioners. It has never been known to have proved fatal. The only reported case of death during its administration was shown to have arisen from other causes than its inhalation.

From these premises the conclusion is that *ether* (as in other cases) is the only anæsthetic agent which should be used to *any extent* in midwifery. The subject for discussion takes, therefore, the following form: the extent to which *ether* should be used in midwifery.

In our own individual experience in several hundred cases of normal labor, we have been led to observe—that only a very few patients were capable of taking just that amount which would deaden the acuteness of the suffering without at the same time diminishing the frequency and effectiveness of the uterine contractions—that generally, as suspension of consciousness approached, there was a marked and proportionally complete suspension of the expulsive efforts—that, with the greatest care possible under the circumstances, there was frequently more or less irritation of the air passages; often troublesome coughing; sometimes nausea and vomiting, attributable directly to the anæsthetic; also, occasionally strong tendencies to hysterical manifestations, which sometimes continued after the labor was over; with other minor inconveniences, such as unwonted impatience, jactitation, &c. &c.; so, also, instances, not a few, of subsequent retention of urine; as well as post-partum hæmorrhage from imperfect uterine contraction, apparently due to the same agent—that, although something was apparently gained by the occasionally greater relaxation of the organs, the duration of these labors was unmistakably longer than those of a similar character in which an anæsthetic was not used; and, in general, there seemed to be greater subsequent debility, and a slower getting up than was to have been expected—that we have never witnessed any undoubted evidence of subsequent *permanent* injury to the life or health of the mother or child arising from the use of ether during labor.

In abnormal cases—from a considerable experience in all the various operations from podalic version to craniotomy and other disintegration of the fœtus, both before and since the discovery of

these anæsthetics—our conclusion is that while the judicious use of ether immeasurably increases the ease, certainty and effectiveness of obstetric operations, the insensibility of the patient, when desirable, and her comparative safety, are benefits to be obtained through its administration whose value is beyond all estimation.

In puerperal convulsions, whether identical with uræmia, according to the latest theory, or otherwise, anæsthetics during the paroxysms seem to be supplanting what but yesterday was considered the only orthodox practice. The convulsions seemed to be completely controlled by the use of these agents in the few cases in which we have had occasion to administer them.

Such has been our private experience. We do not know that it is at variance with that of any observant practitioner. Whatever suggestions we may have gained from the reports and practice of others, it is not improper to say that we here advance nothing practical which has not been confirmed by personal observation, the results of which alone are suited to this occasion and the object of the present discussion.

Bearing in mind, then, that the great object of our art is the diminution of human suffering; and that in the economy of nature the pains of parturition may have some ultimate beneficial purpose; and further that, as sufficient time has not yet elapsed since the discovery of the anæsthetic powers of these agents to fully disclose all the consequent effects of their administration, much must be left in each individual case to the intelligence, judgment, and tact of the medical attendant—bearing all this in mind, we conclude with the following generalizations.

I. That in ordinary cases of midwifery, while *ether* may be allowed in moderation when importunately demanded by the patient, it is quite as well in the long run, to say the least, to let normal, uncomplicated labors proceed uninterfered with.

II. That in painful, laborious, or complicated labors, and in cases of great tenderness or great rigidity of the organs, of extraordinary susceptibility to pain, and where there is great nervous irritability, or undue apprehension of danger, ether, if favorably received, should be used to the extent of overcoming the abnormal condition and suffering.

III. That in cases requiring manual or instrumental interference, ether should be used to the same extent, and upon the same general principles as in other operations involving pain and danger to the patient.

IV. That in puerperal convulsions, especially in those having the characteristics of uræmic eclampsia, ether should be given as soon as there are indications of an approaching fit, and be continued, if seemingly efficacious, until the paroxysm has subsided and quiet sleep is induced; or until other medicine, if desirable, can be swallowed—care being taken to allow a sufficiently large quantity of pure air, and not to continue the ether if coma supervene.



V. That as all the volatile anæsthetics yet tried, except ether, have been known to cause severe accidents, and even instant death, though given with the greatest care by experienced practitioners, and this, too, before any considerable quantity had been inhaled—ether only should be used as an anæsthetic in midwifery. Ether, likewise, should be administered with the greatest caution, so that the safety of the patient may not be unnecessarily put at hazard.

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#### FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Continued from page 257.]

IN addition to the mobility, crepitus and generally slight displacement of the fragment, which are the principal signs of this fracture, it may be noticed that there is usually some embarrassment in the motions of the elbow-joint, which may be due in part to the swelling, and in part to the detachment of the point of bone from and around which most of the pronators and flexors of the forearm have their rise. In one instance, already quoted, that of the lad aged eleven years, who broke the epicondyle from a direct blow, the motions of pronation, with flexion, were not at all impaired, neither immediately nor at any subsequent period, but the fragment was never sensibly, or only very slightly, displaced.

Granger has recorded another class of symptoms, to which I have already alluded, his explanation of which, however, I am not prepared to admit. One of these cases he describes as follows. A boy, eight years old, fell with violence, and broke off completely the whole of the inner epicondyle of the right humerus. The lad said that he had fallen on his hand. The fragment was displaced toward the hand. Severe inflammation followed, but he recovered the free and entire use of the elbow-joint in less than three months after the accident. No splints or bandages were ever employed.

From the moment of the accident, the little finger, the inner side of the ring finger and the skin on the ulnar side of the hand, lost all sensation. The abductor minimi digiti and two contiguous muscles of the little finger were also paralyzed. This condition lasted eight or ten years, after which sensation and motion were gradually restored to these parts. As a consequence of this paralyzed condition of the ulnar nerve also, successive crops of vesications, about the size of a split horse-bean, commenced to form on the little finger and ulnar edge of the hand, some weeks after the accident, leaving troublesome excoriations. This eruption did not entirely cease for two or three months.

In two other cases, Mr. Granger remarks that he has found "the same paralysis of the small muscles of the little finger, the same loss of feeling in the integuments, and the same succession of crops of vesicles on the affected parts of the hand, as is described to have occurred in the preceding case."

Without intending to intimate a doubt of the accuracy of Mr. Granger's statement, that such phenomena have followed in three cases out of the five which he has seen, I must express my belief that it was only a remarkable concurrence of circumstances, since the same phenomena have never been seen by myself, nor do I know that they have been observed by any other surgeon.

*Results.*—As in all other accidents about the elbow-joint, a temporary rigidity is almost inevitable. The mere confinement of the arm in a flexed position is sufficient to determine this result without the interposition of a fracture, but when inflammation occurs, more or less contraction of the tendons, muscles, &c., about the joint must ensue. To this circumstance, therefore, added to the confinement, rather than to the fracture, will be due the ankylosis. If the fragment is not displaced, the fracture cannot certainly be responsible for the loss of motion, since it does not in any way involve the joint; and if displacement exists, its ultimate effect in diminishing the power of the muscles which arise from the apophysis must be only trivial and scarcely appreciable. We might, therefore, reasonably conclude that where the accident has been properly treated, permanent ankylosis would be the exception and not the rule. This view of the matter seems also to be sustained by the recorded results. In Granger's cases, the full range of flexion and extension of the forearm have been finally restored, or with so trifling an exception as not to be observable without close attention, in every instance; except in the one already mentioned, which was originally complicated with dislocation; and even in this case the ultimate maiming was inconsiderable. Malgaigne, who says "it ought to be understood that in this accident articular rigidity is almost inevitable," seems nevertheless to admit the justness of Granger's observations as to the final result, if the proper means are employed to prevent it. I have myself found only once any considerable impairment of the motions of the joint after the lapse of a few years.

*Treatment.*—This accident does not constitute an exception to the rule which experience has established, that apophyseal projections when once displaced can seldom be restored completely to position or maintained in position, until a bony union is consummated. Granger remarks: "I have purposely avoided saying one word about replacing the detached condyle (epicondyle), and for these reasons: during the state of tumefaction of the limb, no means could be adopted for confining the retracted condyle in its place, beyond that of the relaxation of the muscles; and both before the tumefaction has commenced, and after it has subsided, all endeavors to replace the condyle, or even to change the position of it, have failed." He even proceeds so far as to declare that, while attention ought to be given to the reduction of the inflammation by appropriate means, we ought, nevertheless, to instruct the patient to flex and extend the arm daily from the moment the accident oc-



curs until the cure is completed, and without any regard to the consolidation of the fragment; "the exercise of the joint in this manner must constitute the principal occupation of the patient for several weeks; and should it be remitted during the formation and consolidation of the callus, much of the benefit which may have been derived from this practice will be lost, and will with difficulty be regained."

With only slight qualifications I would adopt the advice of Mr. Granger. The limb ought always, at first, to be placed in a position of demiflexion, so that if ankylosis should unfortunately ensue, it should be in the condition which would render it most serviceable, and also because in this position the muscles which tend to displace the fragment would be most completely relaxed. While thus placed an attempt ought to be made, by seizing the apophysis, to restore it to position; and if the effort succeeds, as it certainly is not very likely to do, a compress and roller ought to be so applied as to maintain it in position; provided, always, that it shall not be found necessary to apply the roller so tight as to endanger the limb, or increase the inflammation. An angular splint would be an almost indispensable part of the appareil, at least with children, where this indication is in view. In no case, however, ought more than seven or fourteen days to elapse before all bandaging and splinting should be abandoned, and careful, but frequent flexion and extension be substituted.

§ 8. *Fractures of the External Epicondyle (Epi-condyle, CHAUSSIER).*

I have only mentioned this supposed fracture, of which some writers have spoken as a fact, in order that I may declare my conviction that its existence has never been made out. If we admit the possibility, that, while in a state of epiphysis, it might, like the corresponding internal epiphysis, be separated by muscular action, we must yet deny its probability, since it is so exceedingly small; and we must, for the same reason, be permitted to doubt whether the fact of its separation could be recognized in the living subject. Moreover, if a true fracture occurs at this point as the result of external violence, it is sufficiently plain, from an examination of the anatomical structure, that it must more or less extend into the joint and involve the condyle itself.

§ 9. *Fractures of the Internal Condyle (Trochlea, CHAUSSIER).*

B. Cooper, South, Sir Astley Cooper and others, speak of fractures of the internal condyle as very common, and more so than fractures of the external condyle, while Malgaigne, who admits its existence, has never met with a single living example, and regards its occurrence as exceedingly rare. In a record of fourteen fractures I have found no difficulty in recognizing four as fractures of the inner condyle; five, I have already said, were fractures of the epicondyle, and the remaining five were undetermined, while my records furnish fourteen examples of undoubted fractures of the

external condyle. It is probable that Sir Astley did not intend to make any distinction between fractures of the condyle and epicondyle, and this might explain somewhat his opinion of the relative frequency of these accidents; but even rejecting this important distinction, it has happened to me to see just as many examples of fracture of the outer condyle as of the inner.

*Causes.*—It has already been stated that fractures of the internal condyle, as well as fractures of the epicondyle, belong almost exclusively to infancy and childhood, no instance having come under my notice after the eighteenth year of life, except in the person of a man 34 years old, whose case I have mentioned when speaking of fracture of the epicondyle.

I have seen no instance which could be traced to any other cause than a direct blow, such as a fall upon the elbow, the force of the concussion being received directly upon the condyle.

Lonsdale speaks of fractures of the condyles occasioned by falls upon the hands; but without intending to question their possibility, I will state frankly that they seem to me not to have been satisfactorily proved.

*Line of Fracture, Displacement, Symptoms.* The direction of the line of fracture is tolerably uniform, namely, commencing about one quarter or half an inch above the epicondyle, it extends obliquely outward through the olecranon and coronoid fossæ, and enters the joint through the centre of the trochlea.

Displacement of the lower fragment can take place only in a direction upward, backward, forward and inward (to the ulnar side). The fragment cannot be carried downward, in the direction of the hand, nor outward, in the direction of the radius, unless the radius also is broken or dislocated.

The most common form of displacement is upward and backward, and perhaps at the same time a little inward; the ulna remaining attached to the lower fragment, and following its movements. I have seen one instance in which the fragment was carried directly downward toward the hand, but this accident was originally complicated with a dislocation of the radius backward. The dislocation was immediately reduced. Five years after, when the young man was 23 years old, I found the condyle displaced downward and forward about half an inch, so that when the forearm was extended it became strikingly deflected to the radial side.

The symptoms which characterize this fracture are crepitus, almost always easily detected; mobility of the fragment, discovered especially by seizing upon the epicondyle, or by flexing and extending the arm; displacement of the smaller fragment and a projection of the olecranon process, this latter being very marked when the forearm is extended upon the arm, but almost completely disappearing when the elbow is bent; projection of the lower end of the humerus in front when the arm is extended; the humerus



shortened when measured along its ulnar side, from the internal epicondyle; the breadth of the humerus, through its condyles, generally increased slightly, sometimes half an inch or more; if the lesser fragment is carried upward, it will also be found that when the limb is extended, the forearm will be deflected to the ulnar side.

Sir Astley Cooper remarks that it is frequently mistaken for a dislocation; and Thomas M. Markoe, of New York, has shown that it is, in fact, frequently complicated with a dislocation of the head of the radius backward; indeed, he expresses a belief that this dislocation of the radius seldom or never occurs without a fracture of the internal condyle.\* I shall refer to his views again when considering dislocations of the head of the radius.

*Results.*—It is probable that in a majority of cases no permanent displacement exists; although the irregularity of the bony deposits around the base of the condyle, which generally may be easily felt, would lead to a contrary opinion. The fact that the lower fragment usually follows the motions of the olecranon, renders its replacement and retention comparatively easy, unless some complication exists. It is not from displacement, therefore, so much as from permanent muscular, and especially bony ankylosis, that serious maimings so often result. Under any treatment bony ankylosis will very often ensue, and under improper treatment it is almost inevitable.

*Treatment.*—The arm must be immediately flexed to nearly or quite a right angle, when, without much manipulation, the fragments will be made to resume their place. A gutta percha, right-angled splint, such as I have already directed for fractures occurring just above the condyles, well and carefully cushioned, must now be applied, and secured by rollers. Suitable pads must also aid the splint and roller, in keeping the fragments in place. Markoe prefers keeping the forearm in a position about ten degrees short of a right angle, believing that in this position the ulna itself will act as a splint, and by its support on the uninjured portion of the trochlea, hold in its place the broken condyle. Very properly, also, he prefers to lay the angular splint, made of tin and fitted to the arm and forearm, upon the back of the limb instead of upon the front or sides. If it is upon the inside, it covers the broken condyle, and we are unable to know so well its position; if upon either side, it is apt to press injuriously upon the epicondyles; and if it is in front, the fragments cannot be so well adjusted or supported. Upon this point, however, surgeons are not very well agreed, and no doubt more will depend upon the care with which the splint is applied than upon the surface to which it is applied.

Considerable swelling is almost certain to follow, and no surgeon ought to hazard the chances of vesications, ulcerations, &c.,

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\* Markoe. New York Journal of Medicine, May, 1855, p. 382, second series, vol. xiv.

by neglecting to open or completely remove the dressings every day. Within seven days, and perhaps earlier, passive motion must be commenced, and perseveringly employed from day to day until the cure is accomplished; indeed, in a majority of cases it is better not to resume the use of splints after this period: for although at this time no bony union has taken place, yet the effusions have somewhat steadied the fragments, and the danger of displacement is lessened, while the prevention of anchylosis demands very easy and continued motion.

When the fracture is compound, or otherwise complicated, these simple rules will seldom be found applicable; indeed, fractures attended with no such complications will occasionally be found difficult to reduce, or to maintain in position after reduction.

[To be concluded.]

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

OCT. 25th.—*Membranous Croup; Tracheotomy; Reformation of the Membrane; Death.* The following history of the case was furnished by Dr. FAULKNER, the attending physician, and read by Dr. GAY.

Sunday, Oct. 31st, 10 o'clock, P.M. Lucy T. W., æt. 9, has had a cold for more than a week; has been in the house one day; became very hoarse yesterday; has some cough; says her throat is very sore; looks sick and anxious; the tongue is much coated and white. The uvula and palate appear swollen, the tonsils are enlarged; each has on its inner surface a circumscribed, oblong, white patch. There is no croupy breathing. Complains of "phlegm" in her throat. The sputa are very viscid. Pulse 120. At 6, P.M., has *decided* croupy symptoms, and labors very hard in her breathing. An emetic gave her most entire relief. She slept quietly as an infant for two hours. The sputa became somewhat bloody.

Monday, 11, A.M.—Very comfortable, considering her situation. Says "her throat is not sore now." The pulse and tongue were as yesterday, the throat less swollen, the tonsils about the same. Has coughed somewhat and been rather restless. There is no croupy breathing. The sputa are somewhat rusty. She still seems sick. Nothing can be determined by auscultation. 7, P.M.—Has had a good day; is easy and comfortable. Her general appearance is about the same, and she says that her throat is better.

Tuesday, 9, A.M.—Is breathing very badly; the countenance is somewhat livid. It is undoubtedly membranous croup. The sounds are very moist. An emetic gave no relief. Dover's powder was given, the throat cauterized with nitrate of silver and steamed. By 11 o'clock, two pieces of membrane were thrown up with but little relief. At 1, P.M., Dr. J. Ware saw her. The treatment was continued. At 2½, P.M., Dr. H. I. Bowditch saw her. She slept badly till 3½ o'clock, when, after a terrible paroxysm of coughing, she expectorated a piece of membrane three inches long, and perfectly tubular for an



inch and a half. The relief was immediate, and as great as on Sunday evening. Was there any membrane raised then? The pulse became 112. She is in fine spirits and says, "*I am well now, mother.*" After three hours of relief the breathing again became troubled. At 9, P.M., she is quite restless. Nitrate of silver affords no relief. The symptoms generally are worse. At 11½, P.M., I saw her in consultation with Dr. F. The patient had all the symptoms of confirmed croup. The cough was dry, feeble and hoarse, and at times seemed as if coming through a metallic tube. Occasionally she would place her hand upon the larynx, and whisper that something was there that she wanted to get away, and, after a severe paroxysm of coughing, would raise some long, firm pieces of membrane, and some small pieces that were soft and like porridge. A slight temporary relief would then be felt by the patient. At times the cough reminded me strongly of the crowing of a bantam cock.

The voice was in a whisper, and constantly becoming fainter. The swallowing was much easier than it had been. There was not any pain about the larynx, but rather an uncomfortable feeling. The respiration was hurried, labored and hoarse, and attended with great muscular exertion about the neck, chest and region of the shoulders. Inspiration was noisy. The expectoration was both viscid and membranous.

At times she was very restless, tossing her head about in different directions and positions.

There was but little fever, no fœtor of breath, nor glandular swelling about the neck.

As she had expectorated, within a few hours, a large quantity of membrane, it was thought prudent to wait a short time and give her a chance of expelling more.

At 5, A.M., on Wednesday, as all the symptoms were growing worse, and as the countenance was distressed, the eyes staring and wild, the nostrils dilated, and as there had been no expectoration for some time, it was decided to operate immediately.

*Tracheotomy*, at 5½, A.M. The patient was etherized, and the operation was performed with the assistance of Drs. Faulkner and Seaverns. When the trachea was opened, there was an expulsion of very viscid mucus, patches of membrane, and a bloody fluid. The mucous surface of the trachea was reddened, but there was no membrane seen. A short time after the tube was inserted, the relief was great and decided. She became perfectly calm and quiet. The respiration was easy and natural. The lungs acted and sounded well. The pulse was 120—before the operation it was 160. Respiration 28 per minute. She slept much and without restlessness. At times expelled through the tube large pieces of membrane. Saw her again between 4 and 5, P.M., in company with Dr. Ware. She then appeared very comfortable. The countenance was bright, the skin nearly natural. Pulse 120. Respiration remarkably quiet and easy, and when she was spoken to she smiled and nodded that she was much better. Nothing at all out of the way could be detected by auscultation. Every symptom seemed encouraging. She continued in this condition till 9, P.M., when her breathing became hurried and husky, and she was agitated. She rested rather better after taking a Dover's powder till midnight, when all the croupy symptoms returned with increased severity, and she slowly failed and died at ten minutes before twelve, on Thursday,

thirty hours after the operation. She died apparently very easy and without distress.

*Sectio Cadaveris*—at 5, P. M. of the same day. On removing the sternum, the lungs rose up above the level of the chest, fully distended with air, and without any sign of collapse at any part. They looked healthy, and were of a pinkish color. On drawing out the whole of the right lung, it was found of the same color throughout, except along the posterior dependent portions, where the color was purplish from the gravitation of the blood. There was crepitation throughout the lung. Frothy mucus escaped wherever a section was made. There was no appearance of pneumonia. No membrane was found except in the neighborhood of the main bronchus, just after its division from the trachea. Some of the smaller bronchial ramifications had the mucous membrane more or less injected. On removing the left lung, the same healthy color was seen, except along the dependent portions, and along the inferior portion of the upper lobe which was hepatized. The part inflamed was three inches long and an inch and a half wide. The rest of the lung crepitated. Most of the bronchial ramifications, even the minute ones particularly in the hepatized portion, were filled with a complete tubular membrane. The mucous surface beneath was much inflamed; the membrane separated very easily. The larynx and trachea to the bifurcation were then divided longitudinally along the posterior portion. At the operation, the fifth, sixth, seventh and eighth rings were incised. The greater portion of the membrane was formed after the operation; at any rate, that above the tube and around the opening was. Below the opening of the trachea made at the operation, the membrane was thick and tubular, extending, as mentioned above, below the bifurcation. It was easily separated from the mucous membrane throughout, and showed prominently on the posterior surface the longitudinal ribs and furrows which were moulded on the tracheal mucous membrane. The mucous membrane was thickened, and of a dark-red color.

Before the operation, air passed through the glottis; at the examination, the portion between the upper surface of the tube and the glottis was occupied by a *round, solid cord of membrane*, without the smallest canal through it. There was no air passing, and the membrane solidified into a solid cord in place of a tube, as would have resulted if there had been a passage of air.

It would be an interesting point to know when the membrane reformed after the separation. None was seen in the trachea at the time of the operation, and it will be remembered how easy and comfortable she was for sixteen hours. This cord was easily separated from the mucous membrane which was *white*, and not inflamed, bearing a strong contrast with the mucous membrane of the lower part of the trachea and bronchi.

The interior and ventricles of the larynx, and laryngeal surface of the epiglottis, were lined with strongly adherent membrane, more yellowish than the rest, at some points ragged and rough. At a hasty glance it might be said there was ulceration. However, the mucous membrane was entire, and without ulceration at any point. Patient had been a healthy child, was seldom sick, and never had any pulmonary disease.

Her little brother, five years old, died in February, 1852, of the



same disease. His physician first saw him at noon, and at midnight he was dead.

OCT. 25th.—*Decidua thrown off in Menstruation.* Dr. JACKSON showed two portions of membrane, each about as large as the finger nail. He had received them lately from Dr. Locke, of Nashua, N. H., with the following history of the case.

The patient was about 35 years of age, and had been several years married, but had never conceived, so far as she was aware. During the last year or more she had several times discharged, during menstruation, portions of membrane similar to those now shown, with moderate pain, but not enough to characterize the case as one of dysmenorrhœa. Dr. J. said, that having seen a well-marked decidua in perhaps three or four women who had died during menstruation, he regarded this as a case in which that membrane had been thrown off as it is in a common abortion. The specimen was afterward examined microscopically by Dr. ELLIS, as one or two of the others had been, that were sent to him by Dr. Locke, and the case was settled beyond question.

Dr. J. was not aware, when he examined this specimen, that the occurrence of such a discharge during menstruation was a well-established fact in medical science; and certainly no specimen had ever been shown to the Society, nor any case ever before reported, so far as he knew. Dr. PUTNAM had, however, referred him to a French authority for the fact, which seemed to be known to other members of the Society. At the next meeting Dr. J. quoted from an article by Dr. Farre, in the last number of Todd's *Cyclopædia of Anatomy and Physiology*, which had been shown to him by Dr. JEFFRIES WYMAN, and in which it is stated that the entire uterine lining is not infrequently discharged, and presents all the characteristics of a true decidual structure; much suffering attending the discharge, as might be expected, though the case above reported formed an exception.

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EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

*West Cambridge, July 21st, 1858.*

THE Society held a meeting at the house of Dr. R. L. HODGSON, honorary member.

Dr. TRUMAN RICKARD read the following paper upon the *Inhalation of the Sweet Spirits of Nitre*.

Medicated inhalation has been one of the many means resorted to by pretenders, for the cure of incurable diseases. It has been an excellent means of drawing in those who are ever glad to adopt new measures and new remedies, without taking into account whether the so-called inventors are worthy the least confidence. But, the man who will promise to cure consumption, that dreaded scourge of the human race, will have patients enough, even if he does not make good his wonderful statements. Medicated inhalation has had its praises sounded by interested persons, as the sure means of curing all the ills that ever befall the throat and lungs, and that, too, with a certainty, not less than was that of the philosopher's stone in its powers of transmutation. No wonder the regular profession has looked upon inhalation with distrust, especially when there is taken into account who the men are that employ it exclusively, with the most pompous pretensions. After all, even inhalation may possess some value, and

it is perfectly proper for us to employ any honorable and lawful means for the benefit of our patients.

It will be recollected, that at a meeting of this Society, held at the house of Dr. Cutter, some two years since, the subject of inhalation was introduced. Dr. Bowditch was present, and made some interesting statements, based upon his own experience. He mentioned the good results he had derived from using the vapor of the sweet spirits of nitre by inhalation. He employed it by means of a very simple instrument, made by himself, consisting of a common, wide-mouthed bottle, and two tobacco pipes.

CASE I.—A young lady, a school teacher, who was boarding in my family, came down stairs, hoarse from the effects of a cold, and with a sore throat, unable to speak aloud. I immediately prepared an inhaler, and directed her to use it fifteen minutes at a time, three or four times during the day. The next day she was able to resume her duties in the school-room.

CASE II.—The next patient for whom I advised inhalation was a gentleman suffering from follicular disease of the fauces, together with hepatic derangement. His cough was troublesome, and he was much debilitated. The vapor of the sweet spirits of nitre would allay the irritation of his throat and quiet his cough in a short time. But if he allowed a day to pass without using it, he was not as well. Upon adding a small quantity of the tincture of iodine, it was found to irritate the throat, while the nitre alone soothed it. Remedies were employed to correct the hepatic derangement.

CASE III. was a lad about 12 years of age. He took a severe cold, which was succeeded by a cough, troublesome, and depriving him of rest. Upon examination, the throat was found very much irritated. The inhalation of nitre acted like a charm, quieting the cough and producing refreshing sleep. He recovered speedily.

CASE IV. was a young married lady. Found her with a mahogany-colored throat—cough troublesome, &c. The vapor of nitre irritated her throat and made it worse. She recovered under the use of soothing gargles, and cold water dressing.

CASE V. was from a cold, with a similar state of the throat. The inhalation quieted the cough and secured sleep, though it did not cure the patient.

I have tried the article myself with a good result. From these cases it would seem that good can be derived from inhalation of this vapor. Other articles, perhaps, would produce more permanent results. It is something to be able to quiet a troublesome cough, even if a cure is not effected. Many a patient will thank us for even this, and a good night's rest. From what I have seen, I am derisive that others should try inhalation—that, if valuable, it may be wrested from the hands of quackery, and become a part of regular, legitimate medical practice.

Dr. CHAPIN remarked that he had for years employed inhalation. He has used the nitric ether. He found the addition of iodine valuable. Laudanum and warm water he liked very much. Inhalation has often failed with him.

Dr. UNDERWOOD had long experience with inhalation. Having a difficulty in his own throat, he had never found anything so efficacious as the vapor of a solution of sulphate of morphia and common vinegar, raised by sprinkling upon a hot brick.



Dr. B. CUTTER had long derived advantage in tonsillitis from the inhalation of vinegar vapor. His apparatus consisted of a teacupful of vinegar, placed in a bowl, a hot stone or coal to drop in the vinegar, and an inverted funnel to cover the bowl.

Dr. INGALLS had used inhalation with and without success. He could not tell how to distinguish the elements of success. In hoarseness capsicum was very satisfactory. For instance: a school-teacher, on the forenoon of examination day, being very hoarse, applied to him for relief. No lesion of the throat could be detected. A drop of the concentrated tincture of capsicum, in a fluid drachm of water, cured the case.

Dr. E. CUTTER did not have much confidence in inhalation. Tinctures of lupulin, hyoscyamus, conium and opium and the nitric ether had formed the basis of his mixtures. The chief objection lay in the vehicle. Alcohol is too stimulating, ether too much an anæsthetic, water not volatile enough at ordinary temperatures, &c. Whenever the right basis was found, then this mode of administration might prove invaluable.

*Hypophosphites of Soda, Lime, &c.*—Dr. TOOTHAKER was using them in a marked case of phthisis, with a favorable operation. He stated that Dr. Stevens, of Stoneham, largely employed them, to all appearance with good effect. Dr. S. was strongly in favor of them. In Dr. Toothaker's case, cod-liver oil was used in conjunction. Most of the gentlemen present had used, but spoke doubtfully of the hypophosphites.

The inquiry was made whether a consumptive had, in changing residence, better go to the seashore or country. The majority decided in favor of the country.

On motion of Dr. CHAPIN, JONAS C. HARRIS, M.D., of West Cambridge, was elected an honorary member.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 9, 1858.

### "THE LUNGS OF BOSTON."

THE respiration of cities is fully as worthy of attention as that of individuals of the human family. Indeed, the normal condition of the one involves and implies that of the other. They are wise "City Fathers" who look carefully to the "lungs" of their charge, as well as to its external cleanliness, and to the purity and proper management of its intestinal condition—by which latter, of course, we mean its sewers and drains—especially, of late, those at the West End.

That is the most short-sighted policy possible, which regards solely the coining of hard money out of every available portion of City land, or of such land as by any management can be made municipal property, and be turned to such uses as any and every Board of Aldermen may, in its wisdom, or folly, decide upon. It is true that money may thus be made—nothing is clearer—but it is literally by the transmutation of flesh and blood into dollars. Does any one ask how? Simply by lowering the standard of popular health—in other words, by eviscerating

the city of its "lungs." What is the effect of cramping the chest of an able-bodied man—of shutting him up in confined quarters, and making him stoop over some sedentary occupation? Take the man who is a shoemaker by trade—he makes money, usually, as he sits hour after hour, and day after day, and year after year, over his unhealthy work—cobbling, by daylight and by lamplight—in a close shop—stooping and pegging and sewing, and *breathing what?* An apology for air—a respired and re-respired fluid, redolent of lamp-smoke and the fumes of burnt leather! What the man so circumstanced is to the jolly farmer, who draws into his rejoicing lungs the pure air of heaven, and feels and works like a man, such is the stifled, "cribbed, cabined and confined" town or city whose "lungs" are squeezed out of it by the spirit of speculation and money-getting, compared to the freely-ventilated, fully-respiring, eye-delighting place which has "lungs" and uses them, or rather bestows their benefits upon its fortunate inhabitants.

What would mammoth London be without its pulmonary organs—its magnificent and always thronged parks? What its gay neighbor, Paris, were its "lungs" torn out of its graceful body? Imagine either of these great emporiums built up compactly—how would their denizens gasp for the breath of life. It is not too much to say, that in addition to the physical discomfort which would accrue from such a misfortune, the intellectual and moral state of the inhabitants would sink in like proportion. If we are told that morality is not, now, very flourishing in either of the great cities we have mentioned, we admit the fact, but urge our own assertion as equally true—there would be to "every deep, a lower deep."

But let us come to the main subject at issue, and which we have taken as the caption to the present article—"THE LUNGS OF BOSTON." This is the very appropriate heading of a spirited editorial article in the *Boston Daily Traveller*, of November 29th, which we read with great satisfaction. We are heartily glad to see that the press generally is looking at this important matter in its true light. There can be but one opinion in the minds of right-thinking and candid men, about our public grounds. Whilst we rejoice, with the *Traveller*, that "Boston Common" is beyond the reach of that vandalism which would turn every foot of its green turf into "red," or dirty yellow, gold—we hold that every citizen should lend his influence, whether it be large or small, toward preventing the nearly as odious procedure of converting the "Public Garden" into house lots. It does not seem to us that the step can ever be permitted. Were it resolved upon, and a vote even passed, by the insanity of any temporary officials, the voice, and we believe the *hands* of an indignant people would oppose, effectively, the execution of the unworthy project.

We take the opportunity to transfer to our pages sundry paragraphs from the article in the *Traveller* to which we have alluded; and we commend to the timely notice of the "Committee on Streets" the pertinent inquiries of a citizen of Ward Six, in the *Transcript* of December 3d, 1858. This correspondent seems to think it well (and we agree with him) that voters should know the names of the members of said Committee, who allege as the reason for not acting, this season, in reference to the running a street through the Public Garden, that it is too late—and they have not the time, this year, &c. &c. Now, if they have the *inclination* at present, and are merely waiting



for the *time*, another season, we think they had better be denied the *opportunity* of acting.

Hear a few words from the *Traveller*:—And, in making our extracts, we endorse all it says about keeping “the apothecary and the sexton”—we will even add, *the doctor*—at a distance!

“Tried merely by the dollars-and-cents principle, the Public Garden is undoubtedly worse than valueless. It not only yields nothing, but it costs something. It costs a great deal in a certain sense, and it might be the source of a large revenue, and we should count all that we might gain from it, but do not, if we were only to cover it with four-story houses. But it must be looked at from another point of view, if we would come to a just conclusion as to what purpose such places as the Common and Public Garden serve in that comprehensive economy which it is now customary to think of when governmental measures are recommended. These two places are *the lungs of Boston*, and their permanent existence, liberal maintenance and thorough culture are as necessary to the general good as the Cochituate water works, the fire department, the lights of the streets, or any of the rest of those things which are kept up at the common charge for the welfare of all. They are sanitary institutions, and help us to maintain the fight against the apothecary and the sexton, excellent and useful men, no doubt, but whom we all like to keep at a distance. Well has it been said, that ‘the prime essentials to human existence, in crowded cities, are pure water, pure air, thorough drainage, and thorough ventilation—which last are only applications of the water and the air—and last, though by no means least in importance, the facility of taking exercise within a convenient distance. Thus, every city has its public pulmonary organs—its instruments of popular respiration—as essential to the mass of the citizens as is to individuals the air they breathe.’ The ‘public pulmonary organs’ of Boston are the Common and the Public Garden, and in keeping them up, and in good order, we obey the teachings of philosophy and of common sense, whatever may be the ideas of men who can attach value to no land that produces no rent. We follow the example, too, of the leading civic communities of the world, all of which aim to do all that they can to promote ‘popular respiration,’ and do not think it the part of wisdom to seek to stifle the people. Look at what the Londoners have in the shape of parks, and of which they are as proud as they are of their city being called ‘the Royal Exchange of the world.’ There is Regent’s Park, created in the present century, with its 543 acres of the most valuable land on the earth, and alone nearly twelve times as large as our Common. There is Hyde Park, with its 400 acres, or thereabout; and St. James’s Park, another noble area; and there are Kensington Gardens; and there is the Green Park, small but lovely. These parks extend for miles, and land is so very valuable in London that the fourteen or fifteen hundred acres they embrace are ‘worth,’ for building purposes alone, a sum that would buy the fee simple of Aladdin’s cave, genii, lamp, and ring included, not to mention the roc’s egg that Aladdin couldn’t get. Why don’t the English sell these ‘fat acres,’ and apply the proceeds to the creation of a real sinking fund for the extinction of the national debt? Perhaps they’ll do so when Mr. John Bright shall be Premier, and Mr. Cobden shall represent England at the Czar’s Court—but not before that time. So absurdly did the English act, according to the estimation of some of our economists, that, no longer ago than 1811, Regent’s Park was resolved upon; and even the tory government of that day, when considering what should be done with the lands that then fell in, in consequence of the expiration of leases, directed the persons to whom the subject was committed ‘always to have in view the beauty of the metropolis, and the health and convenience of the public.’ Why didn’t they sell the lands, seeing that there were already a thousand acres of park lands in the metropolis? Perhaps they would have done so if they had had the advantage of studying under some of those economists of which Boston has always had a liberal supply, and in whose eyes a dollar is nothing but one hundred cents, and every acre of land, including graveyards, the representative of so many ‘piles’ of dollars. Other European cities have imitated London, or rather they have done the same thing, without thinking of imitation, but governed by that ordinary sense which should ever prevail in the management of af-

fairs. The King's Park of Edinburgh, the Phoenix Park of Dublin, the Gardens of the Tuileries and Elysian Fields of Paris, Rome's Corso, the Prado of Madrid, the Prater of Vienna, and numerous other places of continental Europe, all speak of the wisdom of man, and his love of natural beauties in the midst of artificial life, that remnant of his original poetry which still exists so many ages after the loss of Eden. There is no more thorough evidence of the progress of civilization, in its true sense, than is afforded by these endeavors of cities to procure easy respiration for the masses of their citizens. \* \* \* \* \*

The 'common people' will breathe in masses, and demand that their air shall be not only abundant, but of undeniably excellent quality. They are right; and they are right, also, in demanding that it shall come to them, instead of their being required to go to it. The rich, and even many of the middling classes, can go into the country when they please; but it is not so with those who constitute *the people*, the beings who make our houses, build our ships, pave our streets, and perform all the rougher portions of the industry of society, and whose intelligence and acuteness place them on the moral level of their so-called 'betters,' which they are not, save in the one fact (certainly not an unimportant one, either) of their names figuring in the Golden Book of the Nobility of Mammon. The people must have public places beyond the streets and squares, and they have a right to demand them, for is it not their labor that pays for all, when you have reduced things to their last analysis? It is for them that parks, and commons, and public gardens, and all such institutions, exist, and should exist everlastingly."

With the present prospects of our city, it is more than ever imperative upon its government to maintain the freedom of the Public Garden. Shortly, the large area known as the Back Bay Lands will be built upon; and before a very long time a dense population will occupy this now open space. Is it not evident to every one that we shall then peculiarly need the "*Lungs of Boston*"?

#### OCCASIONAL DISCHARGES OF LIQUOR AMNII FOR SEVERAL MONTHS PRECEDING DELIVERY.

MESSRS. EDITORS,—Will you allow an occasional correspondent to ask through your pages an explanation of those cases in which the above discharges are reported to have taken place? Sundry cases are mentioned in recent periodicals, but without any satisfactory statement as to the origin of these evacuations: and when it is remembered that the operation of puncturing the membranes is generally believed to be soon followed by delivery, it is difficult to admit that the cases referred to are genuine. An "expert" in midwifery states that he has known the waters evacuated with a corresponding subsidence of the abdominal swelling, and that new waters have been secreted, with a return of the enlargement, allowing the patient to escape premature confinement. This does not satisfy Inquirer, who is induced to this query by the subjoined case in his practice.

A few weeks since, a gentleman stated that his wife felt very uncomfortably about her expected labor, especially as she experienced some strange phenomena. The upshot of the matter was, that during the past four months she had had discharges from the vagina, of water, having the odor of liquor amnii, and sometimes slightly tinged with blood. These evacuations, estimated at more than twenty in number, were involuntary, and took place generally when the patient felt nervous; often saturating her clothes, while she was conversing with her family. She was fully persuaded that the liquid was not urine. This patient was recently confined at the commencement of the ninth month: the waters gushed out a few hours after the first sensations of labor, and were soon followed by the expulsion of a well-formed child, though weighing somewhat less than four pounds. Mother and infant are doing well.

INQUIRER.



## MONSTROSITY.

WE copy from a newspaper the following description of a monstrosity, which is somewhat similar to one exhibited in this city some years ago, and described in the number of this JOURNAL for May 17, 1855.

"FREAK OF NATURE.—The Nashville (Tenn.) *Banner* tells of a rare *lusus nature* in possession of a Mr. Vestal, of that city. It is a girl who has four legs and feet, and two heads, four arms, and the upper parts of two bodies, perfectly formed, with the exception that the heart of one of these bodies is in the right side instead of the left; but though it is double as to its heads, arms and legs, yet in its spinal and pelvic arrangements it is one. Its two heads are very intelligent and answer and sing together. In answering questions asked by any one, both answer together and in the same words, or, if different questions are asked, each answers differently. In walking, the girl uses two or four legs, whichever happens to be most convenient. In eating she uses both mouths, though it is supposed that one would answer the purpose as well, as there is but one set of digestive organs. It is the most remarkable creature we have ever seen. It is more wonderful than the Siamese twins—they were two persons joined together by a membrane. This girl is two persons with one body—*duality in unity*. She is called Christine Milly, and her mother is a slave."

Cannot some of our brethren at Nashville give us a particular description of this remarkable case?

*Ascarides*.—A correspondent requests us to publish in the JOURNAL any remedy we know of which is "sure pop" against *pin worms*. We regret to say that we know of no infallible means of getting rid of these troublesome parasites, which often persist for years, after the most persevering efforts to expel them. The method we should recommend as most likely to effect relief, is an injection of salt and water, with perhaps the addition of oil and soft soap, every night, and an occasional saline purgative. We have seen the injection of a weak solution of nitrate of silver highly praised, and this seems likely to be beneficial.

*Lallemand's Porte-Cautic broken in the Urethra*.—Dr. A. H. Buchanan, related to the Nashville Medical Society (September 1, 1858), the case of a young man who was in the habit of introducing Lallemand's instrument for the purpose of cauterizing the urethra, and had the mishap to break off that portion of the instrument which holds the caustic, into the bladder. At the time, the caustic-holder was pretty well filled with nitrate of silver. He, soon after the accident, was seen by Dr. B., who made some efforts with instruments to abstract the foreign body, but without success. He then advised the young man to return home, and, after some little time, to retain his urine until his bladder was uncomfortably full, and then get into a bath of warm water, on his hands and knees, and with considerable effort evacuate the bladder. The patient, feeling some anxiety about the matter, set about carrying out the orders immediately on his arrival at home, and, to his great relief of mind, succeeded in voiding the caustic-holder. Dr. B. stated that he had suffered no material inconvenience from the presence of the caustic in the bladder, which may have been as much as twenty grains.—*Nashville Monthly Record*.

In the United States, the consumption of coffee is eight times as great as in Great Britain, and probably the consumption of beer in Great Britain is eight times as great as in the U. States.—*Lond. Lan.*

M. GROUX, celebrated as the subject of a remarkable congenital fissure of the sternum, is now in Boston, and the result of the examinations which may be made of him will be given in the JOURNAL hereafter.

*Quackery in Paris.*—There is now at Paris a negro who carries everything before him as a quack doctor. He is a fine man of his race, covered with trinkets and diamonds, displaying great wealth in house, carriages, &c. &c., and obtains the most fabulous fees from the easily-gulled Parisians. Amongst his various feats, *L'Union Médicale* relates the following. He was sent for the other day into a very rich family, where a lady had for years suffered from very obstinate recurrence of fibrous tumors about various parts of the body. The best surgeons of Paris had failed in arresting the disease, and recourse was naturally had to wild systems of medicine; all these, however, including homœopathy, were powerless. Magnetism, necromancy, &c. &c., had their turn, but nothing succeeded. At last, the negro's turn came. When he had cursorily examined the patient, he exclaimed, "this lady is curable, and I shall get her well in fourteen days." "Well, then," said the husband, "undertake the case at once." "My fee is £800; £240 is to be paid at once, and £40 on every other visit." Much demur was made to such a demand; but as the quack threatened to leave the lady to her fate, he was allowed to pocket the £240, and has begun the treatment. The result is not known, but may easily be guessed at.—*Druggists' Circular*.

*Ulcers and Cauterizations of the Neck of the Womb.*—"I admire," says M. Velpeau, "the profusion of authors in the classification of these ulcers; they admit scorbutic, scrofulous, herpetic, &c. &c. ulcerations. This is all confusion; for most assuredly they take for ulceration what is nothing else than a slight softening of the neck, with developments of granulations and superficial excoriations. Do not fall into the excesses of certain practitioners, who cauterize during the whole year without relaxation, and are then surprised at their want of success. Cauterizations with red-hot iron do not seem to me to merit the praises bestowed upon them. Their success is founded as much on the effects which they produce on the imagination of the patient as on any real benefit they produce.—*Gazette des Hôpitaux*."

*Medical Evidence.*—Medical evidence should be in simple language when given before a jury. Really eminent men do not indulge in absurd technicalities, which are perfectly unintelligible to the community. The accompanying is a specimen from another class of witnesses. During a case of assault heard before Judge Falconer, the following occurred:—Surgeon exclaimed—"I found the plaintiff had a severe contusion under the left eye, great extravasation of blood under the eye, and some abrasion of the skin." Judge—"You mean that he had a bad black eye." Surgeon—"Yes."—*London Lancet*.

*Voltaire's Brain.*—The French Academy has received a proposition which caused them much surprise. M. Verdier, the grand-nephew of one of the surgeons who embalmed Velpeau, became by inheritance possessor of the brain of the patriarch of Ferney, which was preserved by his grand-uncle. M. Verdier wished to make a present to the illustrious assembly of the brain from which, in the last century, a complete philosophical revolution emanated. But the Academy found itself under the necessity of declining M. Verdier's offer, on the ground that it possessed no *reliquaire* on which it could place this unlooked-for deposit.—*Idem*.

MARRIED.—At Longwood, 30 ult., Dr. Joseph J. Clark, of St. Louis, to Miss Mary E., daughter of the late Dr. Samuel Mulliken, of Dorchester.—At Hingham, 30 ult., Josiah Bowen, M.D., to Mrs. Lucretia Stearns of Billerica.—At Suffield, Conn., Dr. E. P. Alden, of Hoosic, N. Y., to Miss Martha Ann Andrews.

*Deaths in Boston* for the week ending Saturday noon, December 4th, 82. Males, 38—Females, 44.—Apoplexy, 1—inflammation of the bowels, 1—bronchitis, 1—congestion of the brain, 1—cancer, 1—consumption, 18—croup, 6—diarrhœa, 1—dropsy, 5—dropsy in the head, 3—infantile diseases, 6—typhoid fever, 3—scarlet fever, 5—homicide, 1—disease of the heart, 2—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—congestion of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 1—palsy, 1—rheumatism, 1—suffocation, 2—scalds, 2—teething, 3—tumor, 1—unknown, 1—whooping cough, 2. Under 5 years, 37—between 5 and 20 years, 5—between 20 and 40 years, 20—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 60—Ireland, 19—other places, 3.



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## PERFORATING ULCER OF THE STOMACH.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time in the spring of 1857, J. D., of Colebrook, æt. 63, requested my advice in regard to certain dyspeptic symptoms, such as acid eructations, a feeling of distress at the epigastrium, especially after eating, and "water brash," or spitting up large quantities of a tasteless fluid. The latter symptom he laid great stress upon, and wanted me to prescribe some stimulant for it. He stated that he had felt the symptoms for nearly two years. His appetite was good, and the general health but little affected; bowels costive, with clay-colored stools; skin and sclerotics yellowish; habits rather irregular. I prescribed alterative and aperient medicines, with marked benefit, and soon lost sight of the case for several months. In August, he again came, and complained, in addition to the other symptoms, of attacks of severe pain at the epigastrium, and great costiveness. He said he could cover the seat of the pain with the palm of his hand, and always felt *some* uneasiness at that spot. I gave him pills of extract of hyoseyamus and nitrate of silver, with aperients, and a blister to the epigastrium. The pain and other symptoms were much relieved, and he continued about his farm, able to do some work.

In January, 1858, he was much worse, and his general health began to give way. The costiveness was extreme, and the paroxysms of pain more severe. Again he obtained marked relief from blisters and sedatives, but gradually declined, till the 11th of March, when he began to vomit blood—at first dark colored, and at last resembling arterial blood. He lost three or four pints before fainting, and then ceased to vomit blood. The next day, he complained of severe pain and tenderness over the whole abdomen. He continued till the 21st of the month, when he was raised up in bed to take some drink, and immediately expired.

At the *post-mortem* examination, held some twelve hours after death, Dr. Kee, of New Lyme, was present. On opening the abdominal cavity, a small hole was observed in the anterior walls

of the stomach, about three inches from the pylorus. There were slight adhesions around the aperture, which was large enough to admit the little finger. The inner surface of the organ showed symptoms of chronic inflammation—the mucous membrane being slightly thickened, and near the aperture very much so; within three fourths of an inch it was excavated, as if by the process of ulceration. A small artery was discovered at the aperture which had been opened by the ulceration. The liver was healthy and of natural size. All the other abdominal organs were in a normal condition, except the peritoneum, which showed signs of acute inflammation, and its cavity contained a quantity of serum, mixed with the contents of the stomach, which had escaped through the opening.

Through the whole course of the disease, nothing seemed to afford so much relief as blisters and cathartics, although various other means were tried from time to time. His diet consisted mostly of milk, and nothing else would answer for any length of time.

WM. M. EAMES, M.D.

*Orwell, Ohio, Nov. 23d, 1858.*

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REPORT OF SUCCESSFUL TREATMENT OF A CASE OF CROUP,  
OF A SEVERE CHARACTER.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,  
NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

At different times, in former numbers of this JOURNAL, I have offered remarks upon croup, and the treatment, not only invariably pursued, but, in my opinion, absolutely required by the inflammatory character of the disease, which is most frequently violent, dangerous, and often fatal, with an uncertainty, in its forming stage, whether it will prove mild, be easily arrested, or assume the characteristic features precursory to the formation of a false membrane. This decided opinion as to the correct treatment, is still maintained, notwithstanding the opinions of some who have expressed themselves as opposed to my course of treatment, considering it unnecessarily severe. Now, when I can conscientiously assert, that out of many more than one hundred cases of true croup, which I have treated in Philadelphia and this city, but one has died, it is not to be considered strange that, without a desire of boasting, my faith in the mode of using the remedies, powerful as I know them to be, should be strong. Indeed, I cannot forbear expressing the opinion, that if the apprehension of an imaginary evil, likely, in some minds, to ensue from the trial of the same remedies, used as freely, at the proper time, was abandoned, not only would the frequent reports of death from that disease be materially diminished in number, but the feelings of humanity would



cease to be outraged by the suggestion, even, of such a cruel operation as that of the artificial dilatation of the larynx in croup, reported, in the November number of the *Medical News* of Philadelphia, to have been performed by a physician near Paris. That croup is a dangerous disease, too frequently fatal, and causing great anxiety to physician and parents, is fully conceded. But I hold to the fact, that, if timely and appropriately met, it is in the power of all physicians to speedily and effectually cure a far greater number of cases, than we know by statistics now to be done. To arrest the progress of a well-developed case of croup, to prevent the formation of a false membrane, and to render unnecessary the resort to tracheotomy, I place no confidence in alum or any other mild emetic, for simple vomiting does not meet the exigency, and will not cure a bad case of the disease. Illustrative of the above assertions and facts, the following case, of recent occurrence, is appended.

H. L., a boy aged 13 years, of usual size, and healthy, for years has not had an attack of croup, although very subject to it some years since when living in Mobile. Nov. 18th, he complained of feeling chilly, and had an occasional cough, not hoarse or croupy. His mother supposing it to be a slight cold, put him to bed early. Toward midnight, he awoke his brother in the same room, by his constant cough, which was dry and hoarse, with a noisy inspiration. After some time the mother was called, who, recognizing the disease, took him to her room, gave him several doses of sweet oil, nothing else being at hand, and, finding matters getting worse, she sent for me. At 3 o'clock, A.M., I was there, and found him laboring for breath, with the characteristic inspiration and cough, which, once heard, never can be mistaken. He constantly complained of his throat, he could scarcely breathe, and swallowed with difficulty what was given. Apprised, when called, of the nature of the sickness, I took with me a bottle of hive syrup, and a small box of medicines which I keep for such occasions, and always find beneficial. The skin was hot and dry, the pulse tense, frequent and moderately full, the face flushed, the eyes injected, the boy restless, and evincing every sign of great distress. To act vigorously and promptly was imperative. At once I poured down his throat a dessertspoonful of hive syrup; and, as soon as ready, ten grains of calomel, six or seven of tartar emetic, and half a teaspoonful of ipecacuanha, were mixed with half a tablespoonful of hive syrup, and poured down his throat by myself. Several times, before vomiting occurred freely, although he had two or three times brought up with a hard cough pieces of tough phlegm, the same mixture of calomel, tartar emetic, and ipecacuanha, in similar quantities, was given; in one or two of the last, having prepared a strong solution of nitrate of potash, about four ounces, in which was dissolved about six grains of tartar emetic, some of this was added. This last was repeated several times, in addition to the

mixture. Although vomiting with hard straining occurred several times, accompanied by cough and tough phlegm, I was not satisfied.

The symptoms continued severe, and I began to fear I should not succeed, when I took about fourteen ounces of blood from the arm, which sensibly affected the pulse, caused a feeling of faintness, at least he fell on his side, had a more free vomiting, and, best of all, an evidently fuller and freer inspiration, with less of the stridulous sound. More of the same mixture was given at longer intervals; a mustard poultice was applied to the throat, and he was allowed a little rest. As I watched him closely, while he was lying quietly, I found his breathing more natural, and his croup, which occurred from time to time, softer, with but little of the peculiar sound. I waited quietly some time, and was satisfied he was asleep, and safe; I then mixed another dose of calomel, tart. emetic, ipecac. and solution of nitrate potassa and tart. antimony, and gave directions to the mother to give it, in case he had any return of cough or difficulty of breathing; but if he continued to sleep, not to awake him, but as soon as he did awake, to give it to him. A little before 6 o'clock, I was in my bed at home. At half past 8, A. M., I saw him again, when I found he was doing well; that he had slept more than an hour, awoke, took the dose that had been left, and dropped asleep again. He was awake when I called; he had coughed several times during my absence. I made him cough several times, and breathe freely, to satisfy myself. There was still some of the dryness of cough, and peculiarity of inspiration, with soreness of the throat. I allowed him a little sweetened milk and water, and a lemonade of gum arabic in flaxseed tea, for drink. The following was ordered:—R. Nit. potassa, a drachm and a half; tart. antimony et potassa, two grs.; tr. verat. virid., fifteen drops; syr. morphinæ, six drachms; aquæ, two ounces. Dose, one teaspoonful every hour, until again seen. I omitted mentioning that his bowels were twice opened during the night, and once this morning. For one day, he was kept in bed; the next day he was on the sofa, in the parlor; the mixture, and occasional small doses of hive syrup, being given during the day, as the cough continued and the inspiration was not free from the peculiar sound. In a few days he was about the house, coughing occasionally, and taking hive syrup and paregoric at bed time. Had there been any paregoric in the house on the first night, when he fell asleep, I should have given him one or more full doses with the other medicines, for the express object of making him sleep soundly for many hours, which is generally my rule, and always works well.

In conclusion, I would remark, that for the ordinary diseases of infants or children, I am not partial to much medication, if possible to be avoided; but in treating croup, as I do not wish my patients to die, I know no limit, either as to the quantity or frequency of dose of those articles named, in which I put my trust. When I



assert, as a solemn truth, that I have yet to see the first case in which the treatment laid down has produced any injurious subsequent effects, why should others so strenuously oppose this course of treatment, the only one which, in my opinion, is adequate to effect a cure, and prevent the dire necessity of resorting to tracheotomy. The fact that my patient took even more of the active remedies than has been noted, and that no immediate or subsequent ill effects, but a perfect cure, resulted, is worthy of consideration.

## PHOSPHORUS IN THE TREATMENT OF PHTHISIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As Dr. Churchill's treatment of consumption has awakened some interest, permit me to offer a few hints on the subject.

The distinguished doctor names a decrease of phosphorus in the system as the proximate cause of tubercle, and a supply of this deficiency as a cure. Upon this hint he has acted, and his experiment has given prominence to a medicine which will doubtless hereafter rank high as an adjuvant in exhaustive diseases and nervous debility (thus indirectly affecting phthisis), but not, it is feared, as a cure or preventive of tubercle "specifically."

Will the "cured" cases of Dr. Churchill be exempt from phthisis in the future? This will be a test. That the treatment in these cases owes its success to phosphorus, will not be disputed. But the hypophosphites are not alone in their effect upon tuberculosis. Many sources of relief are chronicled. In fact, "flattering phases" are common records in the history of this disease, resulting often in a cure, but not a permanent immunity from the tubercular deposit. Admitting the good qualities of phosphorus, will its increase in the system be a permanent augmentation, which it must be to ensure lasting benefit.

Dr. Churchill has introduced a good medicine; but I am not inclined to believe he has solved the enigma of the tubercular diathesis. And here let me broach a thought which for years I have entertained. The strongest evidence and the best testimony point to *debility* as the solution of tubercle. Consumption is incompatible with vigor of system. From the infirm portion of the race (frail families), the army of consumptives is recruited. When exhaustive diseases reach a certain point of debility, tubercle appears. By the term debility, I do not mean general weakness—as the most feeble are sometimes exempt from phthisis—but a disproportionate enervation of the parts affected to those free from disease, and that enervation confined to the absorbents. This, then, seems to me a solution to the pulmonary deposit—a *lack of absorbent power in the lungs*—low in comparison to that of

the other organs of the body, giving rise to the expressions "weak lungs," "feeble respiration," &c.

It is known that tubercles are sometimes absorbed; and this occurs when the lungs are in a reparative condition. Had this favorable condition prevailed at the time of the deposition, it is easy to conceive the tubercles would have been arrested, or absorbed in the act of deposition. I consider tubercles refuse matter not wanted in the system, but deposited from an inability of the absorbents to carry it off. If this is so, the remedy is palpable—increase the pulmonary energy. Why is the jolting wagon and horseback exercise recommended to consumptives? Ostensibly to increase the general vigor and health of the patient; but, really, *passive* exercise acts upon the *viscera*, or internal organs, which are beyond the reach of voluntary agitation. Hence the resort to this species of exercise in phthisis. Dr. Parrish, of Philadelphia, is a conspicuous example of the success of this mode of treatment. The inward organs of the body are feeble compared to the arms and legs, which are toughened and strengthened by exercise, and hence free, or nearly so, from tubercles. Submit the viscera to a proper action, and you will restore the lost proportion and regain the strength necessary to prevent a refuse deposit. *This disproportion is greater in those predisposed to consumption than in those free from the "taint,"* in whom the absorbent energy seldom reaches the low point of enervation which induces the deposit.

I. GEE.

Salisbury Centre, N. Y., Dec. 3, 1858.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

SEPT. 13th.—*Scrofulous Disease of the entire Humerus; Rapid Progress; Sub-periosteal Abscess; Amputation at the Shoulder-joint; Recovery.* Case reported by Dr. GAY.

James Scolan, æt. 26, was seized with a severe pain in the upper part of the left arm, five years ago, after taking cold at the end of a hard day's work. In a few days a swelling appeared which increased and became very painful until it was opened. There was a free discharge of thick, yellow matter. The swelling gradually subsided, the discharge ceased, and the wound was entirely cicatrized. There was no further trouble from it, except an occasional pain and slight stiffness.

At his entrance into the Massachusetts General Hospital, July 15, 1858, there was a large, fluctuating swelling about the upper and inner part of the shoulder, and along the border of the axilla.

This swelling had been observed for five weeks, and appeared with severe chills and headache, and with soreness and swelling about the shoulder, after a hard day's work.



The fluctuation seemed very superficial. There was soreness about the joint, but no stiffness of any amount. The patient is a strong, fleshy man, and is not confined to his bed. The rest of the arm appears well.

The abscess was opened July 17th, and there was a profuse discharge of an offensive, dirty, purulent liquid. The finger and director were passed freely into the wound, but nothing like denuded bone could be felt. He was much relieved after the operation, and, the next morning at the visit, was very comfortable and was walking about the ward. The discharge continued free. There was no change in any of the symptoms till the 30th, when there was a very severe pain just above the elbow, and a general feeling of aching over the body as if he had taken cold. The next day the pain had increased, and there was a rapid swelling, with a soreness and doughy feeling to the touch. There was no redness of the skin, but rather a dead paleness. Two days afterward, there was an indistinct feeling of fluctuation. The tenderness and pain were excessive. The whole upper arm was swollen. The discharge continued free from the opening. On the 4th, the pain was so excruciating that an incision was made above the elbow, an inch deep, but no pus came. The relief was only slight. The forearm and hand are swollen and œdematous. On the 6th, a still deeper incision was made, about three inches above the joint. Nearly a pint of greenish yellow and putrid pus came away. On introducing the finger, the bone was entirely denuded and rough throughout its whole circumference as far as the finger could reach. A director detected a much greater extent of denuded bone. Stimulants and a nourishing regimen were freely administered. The discharge from the upper and lower part of the humerus was so great that his strength began to give way. He could not now bend his elbow, on account of the pain and soreness in the joint. On his entrance to the Hospital, there was not the slightest indication of any trouble whatever in the elbow-joint or in its vicinity. The patient was rapidly failing. The man, since the operation, had been kept perfectly quiet and nearly straight on a pillow. On the 25th, a slight projection was seen about the middle of the humerus, and on passing the finger into the opening below, the bone was found to be broken at about its middle, and the ends soft and crummy. The patient did not know when it was broken. There had not been any increase of pain at any time at that point. The disease evidently extended to the elbow-joint, and there was a fair presumption to suppose that the head of the humerus was also affected.

From the patient's general condition, and the rapid progress in the destruction of the bone, one of two operations must be immediately done, *exsection of the entire humerus*, or amputation at the shoulder-joint. The already greatly reduced state of the patient's strength, the purulent discharge, which must necessarily be very large, and the very probably future uselessness of the whole arm after the exsection, were strong indications for the amputation. On the 28th, the arm was removed at the shoulder-joint. On examination, the humerus was found extensively diseased throughout. Just below the neck of the bone was a round hole large enough to admit the end of the little finger. The articulating surface of the head was healthy. A probe, introduced through this hole upward, traversed a large cavity involving nearly the whole substance of the head. The head was merely a thin

shell. This cavity also extended downward into the shaft. Most of the shaft was full of small holes, and almost as light as a burnt bone. There was a small necrosed piece in the centre of the upper fragment. The two ends of the fracture were soft and easily broken down. The lower fragment was rough, eroded and partially necrosed. The articular cartilages were entirely gone, and the bone necrosed. The whole head of the radius was carious, and its articulating cartilage gone. The articulating surface of the ulna, and an inch downward on its radial side, was in a still further advanced state of caries. At no spot was there an appearance of an attempt to throw out new bony matter. The whole bone was dead.

The patient recovered, without any unpleasant symptom after the operation.

Nov. 22d.—*Fibroid and Fatty Degeneration of the Placenta*.—Dr. Ellis exhibited the placenta and described the lesion. He also showed portions of the diseased tissue, beneath the microscope.

In the substance of the placenta were a number of firm, yellowish-white masses, from one to two inches in diameter. These differed somewhat in their appearance. The cut surface was in parts smooth, but elsewhere rough, as from the change of the individual villousities.

On microscopic examination and comparison of the diseased with the healthy portions of the placenta, the former were found to be non-vascular, and the villousities, where seen, had a more or less fibroid appearance, and contained granular matter, or minute fat globules.

The change is similar to that noticed in a number of placenta examined during the last three or four years. In previous instances it has been the apparent cause of abortion at an early period of pregnancy, and was sometimes associated with apoplectic effusions in various parts of the organ.

In the *Memoirs of the Society of Biology* of Paris, for 1854, Robin gives an excellent description of the lesion. It has been spoken of as "induration of the placenta," "encephaloid," "scirrhus, cancerous or tubercular degeneration," and lately as "fatty degeneration." The last is the only term really applicable, and this expresses but a part of the truth; there is also a fibroid obliteration of the villousities. This obliteration is the same as that which occurs on a normal change in the villousities of the chorion, when their function ceases and the placenta becomes the organ of hæmotosis.

As the deposition of fat is very frequently, if not constantly, met with, the term "fibroid and fatty degeneration" appears to be the most appropriate, expressing, as it does, the exact condition of the diseased parts.

As apoplexy is often found associated with the above disease, it may be questioned whether there be not some connection between them. The appearance of certain portions, in which the individual villousities are evidently affected, is opposed to this idea, and the microscope detects nothing in favor of their hæmorrhagic origin.

Dr. MORLAND gave the following account of the patient, and of the circumstances of her pregnancies and labors.

"The specimen is interesting, from the fact that the placenta has been twice diseased in this patient; and the two births premature. The inference is, that the abnormal condition hastened the labor in each instance. The woman has had (between the other two) one healthy child, with nothing abnormal accompanying—although during



that pregnancy, and about two weeks before her time, she was threatened with labor—the pains and bearing-down efforts subsiding under full doses of laudanum and rest in bed.

“Mrs. R——, the patient, is 21 years old; rather delicate, yet usually well; before marriage, she was always so. Since marriage, both during her pregnancies, and at other times, she has had very troublesome varicose veins of the legs; and, in 1856, open ulcers therefrom.

“*First Labor.*—March 25th, 1856. The patient was then 18 years old, and was confined at *seven months*—possibly, a little over that period. The labor was very easy and rapid—only two hours; the *breech* presenting. The child was dead, and decomposition was so far advanced that the skin slipped from the limbs on handling them; the anus was widely open, and meconium issued freely.

“The placenta and cord were both diseased; the former was affected with knobbed induration, in spots; and its margin had the ‘coriaceous’ feel, spoken of by Rokitsansky. The umbilical vein was varicose, and the entire cord tortuous and presenting a series of tongue-like appendages throughout nearly its whole length. These were harder than the cord itself—that is, than its straighter portion. The latter was of smaller calibre than is usual, and flabby. The mother recovered rapidly, but has not been so well since, as she was before marriage. I could not ascertain that the husband was, or had been, syphilitically diseased.

“*Second Labor.*—April 19, 1857. This labor was also very easy. It was natural in all respects; there was nothing abnormal about the foetus, placenta or cord, and the patient recovered well. It has already been mentioned that a false alarm occurred, about a fortnight before her full time. The child is now living and well.

“*Third Labor.*—October 24th, 1858; and that which afforded the specimen shown. The child was probably about eight months, possibly somewhat less. It was very lively, and cried well at birth. The mother stated that she saw a very slight indication of menstruation on the 17th of March, 1858, but so little, that it could hardly be seen; it almost immediately ceased—in ‘about an hour,’ according to her. It is therefore not unlikely that she might then have been nearly a month pregnant.

“The child was seventeen inches in length, and a female. The labor was very easy, and particularly rapid (as the other abnormal labor was); the presentation was natural—the occiput looking to the pubis; the cord was twice, and tightly, coiled around the child’s neck. The placenta was freely detached and easily withdrawn. On first touching it, I perceived that it was diseased, feeling two or three strongly indurated spots. The cord was rather slender and flabby.

“The patient, as in her other labors, has done well, and has sufficient milk. The child continues lively and well.”

Nov. 22d.—*Double Femoral Hernia; Strangulation of the Right Side; Operation. Erysipelas and Fæcal Fistula; Internal Strangulation; Recovery.* Case reported by Dr. GAY.

Mrs. G——, aged 58, has had an irreducible femoral hernia of the left side for eight or ten years. Never had any pain in it. Bowels have generally been costive.

Saw her in consultation with Dr. WINDSHIP, March 14th, 1858. She then had a strangulated right femoral hernia of the size of a hen’s egg.

The strangulation had existed for forty-eight hours. Operation at 2, P. M., in presence of Drs. Lewis, Windship, Clark and Dickinson.

On opening the sac, two portions of the omentum, four inches long, were found strongly adherent at the upper part of the sac, and purplish. Beneath the omentum was a fold of the intestine, of a brownish-black color, tightly strangulated. There was considerable difficulty in separating and returning the omentum after the stricture was divided. The left hernia was also reduced. Small doses of morphia were directed, p. r. n. She passed a very comfortable night, and for three or four days there was every indication that the wound would unite by the first intention. On the fourth day there was an easy defection from an enema. The pulse had not been above 84. At this time there was a swelling in the left femoral region, as if the intestine had come down again, with redness and tenderness of the skin. The next day there was a decided erysipelas, with hardness of the parts beneath the skin. There was also a redness about the wound of the operation, the lips of which were in part separated and discharging pus. There was but little constitutional disturbance. Eight days after the operation, the patient, feeling as if she might have a defection, got out of bed of her own accord, strained hard and ineffectually, and returned to bed. The next morning, a few drops of liquid fæces were seen issuing from the wound.

On the tenth day, a slough was observed in the wound, which was removed by the forceps. It was undoubtedly omentum, and three inches long. There was an immediate free discharge of fæces and flatus from the wound. The next day another small slough was removed. The erysipelas continued to increase. Fluctuation being detected on the left side, the abscess was opened on the 28th, and was followed by a free discharge of pus. On the next day, the 29th, fifteen days from the operation and six days after the first appearance of fæces in the wound, the discharge of fæces and flatus from the fistula suddenly stopped. She was attacked with vomiting. An enema was given, and it was followed by a free fæcal discharge. The vomiting and retching increased, with occasional hiccough. The abdomen was tympanitic, but not tender on percussion, the countenance anxious, the pulse rapid, the skin hot and dry, the tongue had a brownish white coat, the abdominal pain was severe; in fact, there was every indication of some internal strangulation. Opium and ether were freely given. The liquid ejected from the stomach had a strong fæcal odor. April 4th, an enema of three quarts of spearmint tea was thrown very cautiously and slowly into the rectum, and a slight quantity of fæces came away. The patient is in a very feeble condition, and there is every reason to suppose that she can live but a short time. A red blush was also noticed about the left eye. April 5th, there is a decided erysipelas of both eyelids, extending downward on to the cheek. This morning, there was again a free discharge of fæces and flatus from the wound, after a complete closure of about eight days. The vomiting, tympanitis and pain immediately disappeared. Quinine and stimulants were given freely. April 7th, the erysipelas has reached the nose. The wound of the left groin is slowly closing. There has been no appearance of an hernia.

April 9th.—Erysipelas has extended to the right cheek and forehead. The next day, an abscess of the left lower lid was open; and two days after, one in the upper lid. She began to improve, and on



the 15th ate a fig, of her own accord. The next day, after an enema, she had a profuse discharge from the anus of fæces and flatus, which might be called the only one since the 29th of March. The erysipelas has nearly subsided. The fistula in the groin was perfectly dry to-day. On the 17th, some of the fig seeds passed by the anus. This was the first time that anything was known to have passed through the whole tract of the intestine. On the 18th, there was a slight watery discharge, with some pus, from the fistula. April 19th, she ate another fig yesterday, contrary to orders, and this morning some of the seeds were found in and around the fistula, but nothing of a fæcal smell. She continued to gradually improve. On the 25th and 26th, a membranous-looking slough was seen in the defection. The longest was two inches long, but so far decomposed that it was impossible to tell what it was.

She improved very fast, and on May 21st, when I last saw her, the fistula had been closed for three weeks, and in its place a firm corrugated depression was seen. The bowels have become very regular, and without medicine. The appetite is also good. At the present she is better than she has been for a number of years.

Nov. 22d.—*Hydrophobia*. Case reported by Dr. TOWNSEND.

A. N., æt. 37, teamster, a native of New Hampshire. The patient is a stout, healthy-looking man, working out of doors in all weather. He has been in the habit of drinking three glasses of liquor during the day, but was always regular, and never drank to excess. Was always very lively and good natured, and a general favorite among his acquaintances. Was never low spirited.

Five months ago, he was bitten by a dog, in which no suspicion of madness existed, but which was immediately killed. He was bitten in the left hand, the teeth meeting in the soft parts between the thumb and forefinger. According to the patient, the wound was cauterized and soon healed up, leaving no scar.

After he was bitten, those who knew him best observed a change in his manner; he was less good natured, and spoke sharply to his wife, which he had never done before, and she says she thought something was troubling his mind. Since he was taken sick, he confessed to his wife that the thought that sooner or later the disease must attack him, had continually haunted him, and that often at night the cold sweat had poured from him, when he feared that he might bite his wife or children.

Oct. 24th.—On Sunday he went to ride, and before he returned home he was seized with a violent pain in the bowels, for which he drank two glasses of brandy. On his return, as the pain continued, he took two Indian vegetable pills. On going to the sink to wash his hands, a sudden chill or tremor ran over him, and he called his wife to see how strangely he was affected. He said he felt as though it was impossible for him to touch the water, although he experienced no disagreeable sensations, nor feared any, yet something prevented him and he did not persevere in the attempt. He tried to drink water, but experienced the same sensations; after a minute, however, he suddenly jerked the glass to his mouth and then drank without difficulty. He slept tolerably well.

On the day following, he complained of not feeling well, and Dr. Richardson, of Watertown, was called to see him. He advised a cathartic, and care in eating and exposure to cold.

When he attempted to drink, a shudder and catching of the breath seized him, such as one experiences when the first drops of a shower bath touch him. With determination he could overcome these sensations, and they annoyed him so little that he voluntarily induced them for the gratification and curiosity of his friends. He was more nervous than usual, and quite irritable. The medicine operated toward night. He slept but little, had no pain, but seemed quite excited.

On Tuesday, the next day, attempts to drink were followed by much the same emotions as those above described, but they were more severe. The spasm was induced on the first sight of the water; the eyes were fixed on it, and it seemed as if they would start from their sockets. There was also a chewing motion excited in the jaws. He could also, with great difficulty, and after struggling about two minutes, carry the glass, with a spasmodic action, to the mouth, and, shutting the teeth upon it, take two or three swallows, after which his hands would fall powerless to his side, and he seemed very much prostrated. Drinks of all kinds produced the same effects. He could eat bread without difficulty, but bread on which there was butter affected him more than water, and he begged that no more butter might be given him. He was unable, also, to take gruel. He complained of strangury, and uva ursi and nitrous spirits of ether were given, which relieved him. The sight and sound of his own water, during micturition, did not excite him.

He was aware, or confidently believed, that his disease was hydrophobia; but he spoke of it without emotion, and seemed as though he did not realize what he said. Did not sleep at all, but was restless and wandering all night.

On Wednesday, Oct. 27th, the symptoms did not differ much from those of the day before. Could not drink without great difficulty. It was noticed that a current of cold air produced a similar, but less violent spasm than that induced by the sight of fluids. At times, and especially after these spasms, a complete prostration was observed, and he was unable to raise his hand to his mouth. Throughout the day and night he was continually affected with priapism, and it was impossible for him to move, or to be moved, without an emission of semen. It was accompanied with no pleasurable sensations, and sometimes occurred without his cognizance. He slept none during the night, and was at times quite delirious. Nothing like convulsions were observed.

On the 28th, at 10 o'clock, he was brought to the hospital, and walked from the carriage without assistance. He was very much excited and restless; all his motions were quick and almost spasmodic. His eyes were on the alert, and no action of the bystanders escaped him. There was a constant chewing motion in the jaws, and his mouth seemed uncomfortable from a collection of viscid mucus. He answered questions willingly and quite rationally, but with great quickness and eagerness. He was extremely suspicious, and said the doctors only wanted to cut him and experiment on him. A glass of water was brought him, to see what effect it would have on him. He heard it called for, and although he objected to its being brought, was not much affected till it was offered him, when his teeth closed spasmodically and a shudder ran over him. He objected to trying to drink; it was removed, when he became as he had been before. Soon after, the nurse prevailed upon him to drink some port wine, and in it



were dissolved two grains of morphine. She said he took the glass and drank without any emotion; it did not seem to affect him at all. A current of air did not produce a spasm. No priapism or emission of semen was noticed. Pulse 125, quite full and strong. Tongue natural, but covered with thick mucus. Said his appetite was good.

Dr. Townsend ordered an application of ice to the spine, and the room to be darkened. He allowed the ice to be applied, but said it was not good ice, as it was not cold.

At 2 o'clock he was much more excited, and quite delirious. He would listen to questions and begin to answer them, but seemed to forget what he wished to say before the sentence was completed.

He took some more wine with the same dose of morphine (2 grs.), and drank naturally.

The morphine did not seem to affect him at all. Ice was again applied to the spine, and he again complained that it was not cold. Water was poured from one vessel into another, but he did not seem to notice it. At 4½ o'clock he got out of bed, and got his neck-kerchief, with which he contemplated suicide. The nature of the delirium seemed to have changed; at this time he was as much excited as before, but his suspicions had left him. He allowed the straps to be put on him, and did not notice what was going on about him; but kept up a rambling soliloquy about his horses, employer, &c. Pulse quick and feeble.

Delirium increased in violence till 5½ o'clock, when he was shouting so loud that he could be heard at some distance from the building, although the windows and doors were shut. Ether was administered till he was quieted, but in five minutes after it was removed he was as violent as before. Ether was again given, and he was kept partially under its influence till 10 o'clock. Soon after this, he became comatose, and continued so till 11½, when he died. Not more than four ounces of ether were used. A constant and remarkably rapid failure of the pulse was observed from 12 M. till he died.

*Sectio Cadaveris.*—Oct. 30th, a careful examination was made, by Dr. Ellis, of the spinal cord, brain, viscera and larynx, but nothing abnormal was found.

SEPT. 27th.—*Strangulated Hernia; Apparent Reduction; Death; Hernia found Unreduced, with Rupture of the Intestine.*—The case, reported by Dr. PERRY, was read by Dr. HODGES.

Miss —, on Tuesday last, after a long walk, was taken with some pain in the lower part of the abdomen. She was menstruating at the time. Dr. Abbot being her nearest physician, was sent for, and prescribed a laudanum injection, which gave relief. On Wednesday, she had a continuance of the pain, and also vomiting. The laudanum injection was repeated without advice. On Thursday, the pain and vomiting still continuing, she was seen by Dr. Perry, her usual physician; and, on inquiry, he learned that she had a tumor of four years' standing; but insisting that it was a tumor such as is described in Dr. James Jackson's book, she would permit no examination being made, though the importance of it was fully laid before her, and urged by her mother and all her friends. On Saturday the pain and vomiting not abating, she consented to the examination. A crural hernia of the right side was detected, and after considerable manipulation was reduced, or, at least, the tumor made to disappear. The pain and

vomiting ceased. She was entirely relieved, and on Sunday, Monday and Tuesday, her bowels were freely and thoroughly moved.

On Tuesday, a redness and inflammatory appearance, with a sense of fluctuation, was noticed about the tumor of the groin, which increased until Wednesday night, which was, however, a very comfortable one.

At noon on Thursday, she was seized with a sudden colicky pain, and died at 3 o'clock, P. M. Dr. J. M. Warren saw her at this time, but she was not in a condition to admit of any operative procedure. An autopsy was made by Dr. ELLIS; a rupture of the intestine and an unreduced hernia were found, the hernia strangulated and in a gangrenous state, and the hernial sac being full of pus and sloughy matter. The intestine was empty above the strangulation.

The points of interest in the case are the relief of all symptoms following the apparent reduction; the thorough evacuation of the bowels on the three subsequent days, and within forty-eight hours of her death; and the inconsistency of these phenomena with the condition of things as found after death.

Dr. ABBOT stated that he was guided in his diagnosis and treatment by the statements of the mother and the patient herself, who both associated her sufferings with her period of life, thinking the catamenia might be about to cease. All the symptoms, according to their testimony, pointed to the uterus. He seemed inclined to question the assertion that the discharges from the bowels resembled those induced by a cathartic, and on inquiry he learned that the family were subsequently satisfied that there was not, during the whole course of her sickness, an evacuation produced by medicine. They were of opinion that all the medicine taken was ejected by vomiting. The matters passed had the appearance of having been some time in the bowels. Dr. A. regarded the case as interesting, from the temporary relief obtained by the return of the tumor, and the absence of general abdominal pain afterward, together with the want of external evidence of strangulation after the apparent reduction by Dr. Perry.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 16, 1858.

### THE CASE OF M. GROUX.

ON Tuesday evening, December 7th, the Boston Society for Medical Improvement held a special meeting for the purpose of witnessing the very remarkable deviation from the natural conformation of the sternum which exists in the person of Mr. Groux; of observing the motions of the heart and lungs, and also of noting the auscultatory phenomena presented. Having been present at this meeting, we desire to express our personal sense of gratification, and to acknowledge our own indebtedness to Mr. Groux for his very interesting and instructive demonstrations; and, in doing this, we are confident that we only echo the universal feeling of the large number of medical gentlemen then present.



Immediately on Mr. Groux's arrival in this city, efficient steps were taken to gratify the already fully-awakened interest in this unique case. The Society mentioned, and the profession here generally, are much indebted to the zealous exertions of Dr. J. B. Upham, to whom Mr. G. came with letters of introduction from Dr. Peaslee, President of the New York Pathological Society, for affording opportunities of witnessing these remarkable phenomena.

A detailed account of the transactions at the Medical Improvement Society's Room, will hereafter be furnished by the Secretary, Dr. F. E. Oliver—we merely append a schedule of the facts.

The Society having been called to order—Dr. Lyman occupying the chair—Dr. James Jackson made a few remarks bearing upon the case, and specifying the unusual opportunity afforded to the Society. In view of Mr. Groux's necessarily limited stay in Boston at the present time, it was suggested by Dr. J., that a committee be constituted, charged alike with power and instructions to secure Mr. Groux's return to the city in a manner, and at a time, consonant with convenience to himself. Drs. Upham, Hayward, Jr., and Borland were appointed as this committee.

Mr. Groux being then introduced, demonstrated before the Society the peculiarities of his own thoracic conformation. This *exposé* of facts, and personal demonstration, derived additional interest from the clear and intelligent explanations of Mr. Groux himself, who is a well-educated man, and perfectly conversant with anatomy and physiology—especially in relation to the chest. He is evidently a student *con amore*; and his urbanity of manner, together with his generous self-sacrifice, and his genuine scientific zeal, render the exhibition alike deeply interesting and agreeable.

The motions of the heart—or of a portion of it—are distinctly visible to the eye, and of course are perceptible to the touch. Mr. Groux's muscular development is admirable; and the various effects of muscular action in enlarging or diminishing the size of the sternal fissure, were well exhibited. The effects of atmospheric pressure, as shown whilst M. Groux made a forced inspiration, were also exhibited. The stoppage of the pulse, also—an experiment, by the way, which we decidedly deprecate—was shown and explained by Mr. Groux; as was the change of position of the heart, on forced and prolonged inspiration.

Not the least remarkable fact in relation to this case, is the diversity of opinion among the most celebrated and reliable medical men, as to what particular part it is which forms the tumor seen beating beneath the integuments of Mr. Groux's thorax. The prevailing opinion, thus far, is that it is constituted by the *right auricle* of the heart. Many, however, have declared for the right ventricle, others for the aorta, others still, for what is termed (in Germany, we believe, more particularly), the "*conus arteriosus*," or the "*infundibulum*." This latter is described by Wilson (*Anatomy*) as follows, when speaking of the right ventricle:—"Superiorly, where the pulmonary artery arises, there is a dilatation of the ventricle, termed the *infundibulum* or *conus arteriosus*." We find, also, in Dr. Hodges's recently published volume (*Practical Dissections*) the following remarks relative to this region:—"The *infundibulum* is that dilated portion of the ventricle from which the pulmonary artery arises; it has fewer columnæ carneæ than the rest of the cavity." (*Op. cit.*, pp. 101, 102.) Dr. Hodges has also kindly

shown us this region in a recent heart; and, in a conversation upon the subject, mentioned that he had long since remarked the fact that the *infundibulum* "is, as it were, separated from the rest of the ventricle by a sort of constriction."

Dr. Hodges has likewise referred us to Sappey's *Traité d'Anatomie*, and to Allen's "*Practical Anatomist*" (Philadelphia, 1856) for further accounts of this anatomical locality. Sappey says: "The pulmonary orifice of the right ventricle is smaller than the auriculo-ventricular orifice, and is placed more anteriorly, and on a higher level. A muscular prominence, presenting the appearance of a rudimentary septum, or of a crescentic valve, separates these two orifices, and divides, as it were, the cavity of the ventricle into two secondary cavities—the auricular being the larger, and the pulmonary the smaller. The latter is prolonged upward, and, to the left, assumes an infundibuliform shape, which is very remarkable, and which Wolf first clearly described."

Dr. Allen states of this portion of the heart: "The *conus arteriosus*, or *infundibulum*, is a projection of the ventricle upward to join the pulmonary artery. It is situated at the anterior and left portion of the base. The inner surface of the infundibulum is smooth; which facilitates the passage of the blood from the ventricle into the pulmonary artery. The term *locus planus* has been applied to this surface." (*Op. cit.*, pp. 306, 307.) The "*locus planus*" was well shown to us, by Dr. Hodges, in the specimen above mentioned.

In addition to the chances thus afforded us, at the Society's meeting, we have been so fortunate as to have had an opportunity for a private interview with Mr. Groux, at Dr. Upham's house, on Wednesday evening, December 8th, where we enjoyed every facility for a thorough tactile and auscultatory examination.

Besides the ordinary heart-sounds, we can testify (with others, we believe), to having distinctly heard—once, at all events—*three sounds*—the end of the stethoscope being pressed deeply in upon the centre of the fissured space. The duration of these sounds might be thus represented: — — —.

On forced expiration, followed by holding the breath, and continuing a strong expulsive effort, the lungs are seen to protrude high up between the clavicles, showing, to our mind, the truth of the recently expressed views of Dr. Wm. Jenner, of London, that emphysema is thus produced.

The action and movement of the lungs during coughing, are also well observed in Mr. Groux. At the moment of the forcible expiration, the lungs are seen to rise and protrude—springing up sharply, and as quickly falling back out of sight—a most interesting phenomenon, and one, of course, which no observer of our day can expect to see again. Fissured sternum is no common occurrence.

Mr. Groux afforded the members of the Suffolk District Medical Society an opportunity of examining him, on Thursday evening, Dec. 9th. He left the city on Friday, the 10th, having engaged to return to us, bye and bye, for a longer sojourn. The utmost interest and eagerness has been manifested by the profession here, to see and thoroughly appreciate this remarkable instance of deviation from the natural chest-formation. The Medical Class has also enjoyed the rare chance of witnessing the phenomena, and of hearing Mr. Groux's explanations, at the College.



In conclusion, whilst we wait for the more precise and strictly scientific account promised, shortly, for our pages, we cannot but again make our acknowledgments to Mr. Groux, for his courtesy and exceeding willingness to oblige; and express our admiration of his unflagging scientific zeal. Many persons, if thus circumstanced, would not only shrink from observation, but, if followed up thus closely by scientific inquirers, would consider themselves decidedly "*bored*." Mr. Groux never loses his patience, nor his own interest in the exhibition of his peculiarity and its explanation—on the contrary, even when obviously fatigued, he is hardly willing to admit the fact, or listen to the remonstrances of those whom he so much favors, when they urge rest, and the omission of certain of the more trying experiments. We think we only express the feeling of the profession, here, in thus recording our own; and we are confident that the committee to which we have above alluded, with Dr. Upham as its chairman, will discharge the various duties incumbent upon it with scrupulous fidelity and exactitude.

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#### RHODE ISLAND REGISTRATION REPORT FOR 1857.

WE have already expressed our satisfaction at the thorough and effective manner in which the registration of vital and mortuary statistics is carried out in the state of Rhode Island. Not that it is not far short of perfection, but each year brings it nearer that desired end, and in completeness and accuracy it will compare most favorably with the registration of any State in the Union. The Report for 1857, which has been lately issued, was prepared by Dr. CHARLES W. PARSONS, whose abilities as a statistician are too well known to require any comment from us, with the assistance of a Committee on Registration of the Rhode Island Medical Society. This Committee consists of Drs. Joseph Mauran, David King, Otis Bullock, George L. Collins and Edwin M. Snow. The series of Rhode Island reports embrace a period of five years and seven months, and give a body of results of permanent value. We propose to present to our readers a few of the most interesting facts, contained in the last report, referring to the work itself for much more that is both interesting and valuable to the medical practitioner.

The *foreign-born* population of Rhode Island formed, in 1850, one-sixth of the whole number of the inhabitants. During the four years past, the births of children whose fathers were foreign-born were not much less than three times as large a part of the whole number of births, as the foreign-born inhabitants formed of all the population in 1850. It might be hence inferred that the foreign population was much more prolific than the native, but this deduction is corrected by another fact, that the average number of children of each American mother is about three, and of each foreign-born mother, about three and a half, a difference comparatively slight. "But the census of Providence for 1855, shows that the foreign population consists, to a much greater degree than the native, of persons in early adult life, in the marrying and reproductive age." Hence it appears that there is a larger proportion of foreigners capable of producing children than of natives, not that the former are more prolific than the latter. This is a striking instance of the way in which an error might arise from statistics, unless employed with due caution and corrected by counter statistics.

The colored population, though increased by a slight constant immigration, appears to be lessening in Rhode Island. The mortality among them is about twice as great, in proportion, as among the white inhabitants. Their most prevalent diseases are consumption and the various phases of scrofula. "It seems as if these differences could hardly be explained by the poverty or privations of the colored inhabitants. Some writers of great scientific attainments, who have examined the subject attentively, ascribe the deterioration of the colored population to the intermarriages between the races, the great number of mulattoes and persons of blood mixed in various degrees, and to the natural law which forbids mixed races to be kept up through many generations."

Rhode Island has an excellent system of securing the registry of *Deaths*. It is made the duty of the undertaker, or person who conducts a funeral, to obtain the facts required relative to the deceased, and to report them to the town clerk; and it is made the duty of the physician to certify the cause of death, with its date and the name of the deceased. This certificate is either to be left with the family soon after the death, or given to the person who acts as undertaker. In case no physician was in attendance, the undertaker collects the facts from the friends. Were such a law in operation in Massachusetts, it would give much greater accuracy and value to our returns. We have urged this point before, and now recur to it as a subject of great importance. We always have a few medical men in the Legislature; why cannot they bring up the subject at the next session, and have a law passed which shall make it incumbent on physicians to certify as to the disease or cause of death? The importance of a knowledge of the *causes* of death cannot be over estimated. It is no less great in ordinary cases than when the destruction of life is owing to accident, or to some fatal epidemic. "Occasional epidemics are far less destructive, and less controllable, generally speaking, than many diseases which we have among us every year. When this comes to be well understood, that the diseases common in our cities and compact villages, and along the borders of our mill-streams and ponds, cause many more deaths, in a series of years, than cholera or other special epidemics, while their causes are as much, if not more, under the control of sanitary measures—public opinion may demand a more complete observance of our registration laws; and even new and more careful modes of ascertaining the number, causes, and all attendant circumstances, of deaths."

The average *age* of all who died in 1857 in Rhode Island was 28.95 years, females having an advantage of 3.80 years over males. Here, again, the importance of a rational interpretation of statistical results is obvious. The difference in reported longevity does not measure the actual difference in the healthfulness of places. The number of persons within the marrying age, and the number of births, must be taken into the account. Places recently settled will naturally contain a large number of young adult persons, and of children, with but comparatively few of advanced years. The average age of those who die will be consequently low; but it must not therefore be inferred that such places are unfavorable to longevity. "This continued introduction of a young and growing population from abroad lowers the mean duration of life in our State, and in all the neighboring States. A paragraph ran through the newspapers a few years ago, stating that



the average length of life in Ireland was considerably higher than in England; and many singular explanations were given, with disquisitions on the dietetic advantages of oatmeal and potatoes, &c.—the true reason being that Ireland was drained, year after year, of a large part of its youth.”

We have no space for further extracts from this interesting Report, which we commend to the careful attention of our readers.

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#### DEATH OF DR. DEFORREST.

HENRY ALFRED DEFORREST, M.D., died at Rochester, N. Y., after a severe and protracted illness, on the 24th of November, ult., at the age of 44. Dr. DeForest was a native of Watertown, Ct., and graduated at Yale College in 1832, and at the Medical School of Yale in 1835. He settled in his profession at Rochester, N. Y., at the early age of 21, yet having received all the advantages of Yale, literary and medical. The writer, a classmate of his, has not seen him since he left New Haven, in 1835, but well remembers his tall, manly form, smiling countenance, scholarly attainments and high religious principle. In 1840 he joined the American Board as a missionary physician, and his appointed field of labor was Syria.

About this time he was married, and after spending a considerable time in France, enjoying the advantages of the hospitals of Paris, he commenced his labors at Beirut early in 1842. Here he labored with great acceptance and faithfulness for twelve years, not only as a successful physician, but also as a religious teacher, as a promoter of the cause of female education, as a financial agent for the mission, and also acting temporarily as American Consul at that place. In 1854, on account of failing health, he returned to his native country, and after a protracted and painful illness, has passed from earth in the prime of manhood and amidst his highest usefulness. But

“That life is long  
That answers life’s great end.”

Dr. DeForest will long be remembered by those of our profession and others who were students at Yale from 1830 to 1835 with feelings of the highest regard; a favorite with both teachers and pupils, he never failed to gain their esteem, and many will grieve to hear of his early death, and his loss to the world. H.

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*Lectures on Chemistry.*—A course of lectures on Chemistry, with a special regard to its interest to apothecaries, is being delivered before the Massachusetts College of Pharmacy, by Mr. Charles T. Carney. The introductory was given on Thursday evening, Dec. 2d, and the lectures are to be continued once a fortnight. These lectures must be particularly interesting to apothecaries, being given by a person of scientific skill and a practical apothecary.

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*Long Island College Hospital.*—The inauguration of the scientific department of this institution took place on Monday evening, Nov. 15th. The inaugural address was delivered by Dr. Mason, and was greatly admired for the eloquence of its language and its feeling appeals to the philanthropy of the public. Dr. Mason was followed by Messrs. Howard Cady, T. M. Rodman and Van Cott, who dwelt on the benefits already conferred on suffering humanity by this infant institution, upward of 4000 patients having been treated since its opening in May last.—*N. Y. Medical Press.*

*Philadelphia Hospital, Blockley.*—It is understood that clinical lectures will be speedily commenced in the amphitheatre of this immense hospital, and an opportunity be given to the student for personal inspection of disease in its extensive wards. The clinics will be continued twice a week throughout the year.—*Med. and Surg. Reporter.*

*E. R. Peaslee, M.D.*—This gentleman delivered the anniversary discourse before the Academy of Medicine at the rooms of the Historical Society on the 25th of November last. The audience was large and intellectual, and the orator was frequently applauded. The discourse was characterized by erudition, scholarship, sound philosophy and enlarged liberality, especially toward the younger members of the profession. At the conclusion a vote of thanks was passed and a copy requested for publication.—*N. Y. Med. Press.*

*New Tribe of Aborigines without Hair.*—The discovery of a new tribe of aborigines is thus reported in the *Sidney Empire*: "A gentleman who, in May last, was at a remote station down the Balonne, called Goose, about 100 miles below Surat, fell in with four blacks, who had come to that part of the Balonne a few days previous, and who appeared to belong to a tribe unknown to white men. They presented the remarkable peculiarity of being entirely without hair, and they stated that neither the males nor females of their tribes had hair on their bodies at any period of life. The complete baldness gave them a strange unearthly appearance, at which it is said the Balonne blacks were at first very much terrified. These aboriginal strangers said they saw white men's bones and equipments beyond the river Barrow or Warrego, from which they had come. It is conjectured that these remains may be those of Leichardt and his party, and we believe the whole particulars have been communicated to the government, with the view of a fresh search being made to clear up the mystery of the long-missing travellers."—*London Lancet.*

*Lunatics in Ireland.*—By the report of the Commissioners, it appears that the number of patients in the various asylums amounted, upon the 1st of January, 1857, to upward of 9,286. Despite emigration, &c., the lunacy returns show an annual increase.—*London Lancet.*

*Caustic Lint.*—M. Riboli's plan is to dissolve nitrate of silver in a small quantity of water, soak pledgets of lint in this solution and dry them. Lint treated thus applied to ill-conditioned ulcers produces a more permanent effect than the remedy in a liquid state. Its activity may be varied according to circumstances by increasing the strength of the solution.—*Montreal Medical Chronicle.*

*Health of the City.*—The number of deaths last week (60) was exactly the same as for the corresponding week of last year. Next to consumption, the most fatal diseases were those of the heart (9) and pneumonia (8). The number of deaths from consumption for the corresponding week of 1857 was 11; from pneumonia 3, and from disease of the heart 9.

*Books and Pamphlets Received.*—A Treatise on Diseases of the Air Passages, &c. By Horace Green, M.D., LL.D., &c. (From the publishers.)—Hints to Craniographers. By J. Aitken Meigs, M.D.—Diphtheritis. By V. J. Fourgeaud, M.D., Sacramento, Cal.

*MARRIED.*—At West Chester, Pa., Dec. 2d, Joshua R. Hayes, M.D., of Hampton, Ill., to Miss Sarah Elizabeth Rutter, of West Chester, Pa.—In New York, Dec. 2d, Dr. Duncan Ingraham, of Charleston, S. C., to Miss Eliza Chambers, of Cornwall, England.—In Tonawanda, Pa., Dec. 2d, Emil Fischer, M.D., of Philadelphia, to Miss Rowena Kingsbury, of the former place.

*DIED.*—At Attleboro', 7th inst., Dr. Samuel Fuller, 81.—At Hartford, Nov. 21st, Dr. J. L. Comstock, 71.—At Brooklyn, L. I., Nov. 29th, Dr. Wm. Smith, 47 years and 8 months.

*Deaths in Boston* for the week ending Saturday noon, December 11th, 60. Males, 31—Females, 29.—A citizens, 2—apoplexy, 2—consumption, 13—convulsions, 1—croup, 1—dropsy in the head, 1—debility, 1—infantile diseases, 2—puerperal, 1—scarlet fever, 1—typhoid fever, 1—gravel, 1—disease of the heart, 9—influenza, 1—intemperance, 1—inflammation of the lungs, 8—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—old age, 1—palsy, 1—pleurisy, 1—abscess on spine, 1—scalds, 1—teething, 1—tumor in brain, 1—unknown, 1—whooping cough, 2.

Under 5 years, 20—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 7. Born in the United States, 37—Ireland, 15—other places, 5.



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## EXCISION OF THE KNEE-JOINT.

[Communicated to the Boston Society for Medical Improvement, and the Boston Med. and Surg. Journal.]

BY J. MASON WARREN, M.D.

D. L., 32 years old, a handsome, fresh-looking man, five feet eight inches in height, entered the Massachusetts General Hospital March 23d, 1857, for an affection of his right knee. Three years before, he had what was supposed to be a rheumatic attack in this joint, which lasted three weeks. Five months previously, the knee became painful and swelled, and he was confined to his bed for three weeks with it, but since then he has been able to walk without crutches. On his entrance to the Hospital, the joint measured three inches more in circumference than the sound, or left knee. There was great thickening of the capsule, which gave the impression of its having undergone a long inflammatory process; there was also fluctuation, but no pain except on pretty free motion.

A gutta-percha splint, extending from the hip to the toes, was moulded to the back of the limb, so as completely to prevent the motions of the knee- and ankle-joints. Counter-irritation was made, by the free use of the tincture of iodine. Under this treatment, the knee-joint, in four weeks, had diminished an inch in circumference. As the absorption, although gradually progressive, did not seem to be going on with sufficient activity, two deep issues were made, on May 7th, above the joint; and, on the 20th, two more below. The improvement from these applications was very great, so that on June 16th, at his own request, he was discharged from the Hospital, much relieved.

This patient kept about until June 2d, 1858, when he again entered the Hospital, by my advice, the disease having begun to assume a more troublesome form. The knee was quite painful, at times swollen, and almost useless. He was unable to bend it, and was obliged, in walking, to swing the limb forward between his crutches. It was his wish to have amputation performed; but, on consultation, it was decided to give him the chance afforded by excision of the joint, and he readily consented to follow my advice.

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The operation was performed on June 5th, in the following manner. A semi-lunar incision was made, commencing over the inner condyle of the femur, extending down to the tubercle of the tibia, and terminated over the outer condyle. The whole flap was dissected up, and the joint exposed. Some adhesions existed, and an attempt at ankylosis had been made, but the cartilages were in a great measure destroyed, and the bones eroded. The patella was firmly fixed to the femur, and did not participate in the disease, so that it was determined not to interfere with it. The condyles of the femur were sawn off, as also was the head of the tibia, by a narrow saw, like Butcher's, kindly loaned me by Dr. Cabot, and which was arranged to cut on the inner, instead of the outer edge, the saw being reversed in the handle. This was engaged under the condyles of the femur, and divided the bones with the accuracy of a knife. A common saw would not have been available, in consequence of the projection of the patella; and but for this arrangement, a chain-saw would have been required. On the top of the tibia, a tubercular deposit still remained, which was completely removed by a gouge, leaving a cavity about a quarter of an inch deep. The head of the tibia was so cut as to leave its edges a little more dependent than the centre, in order to favor the escape of fluids. The bony surfaces being carefully placed in apposition, the flap was secured in its situation by numerous sutures, and the wound covered with a little scraped lint soaked in blood. There was very little hæmorrhage, and only two small arteries were secured. The limb was then placed in a gutta-percha splint, nicely padded, which had been carefully prepared before the operation, and moulded exactly to its shape. The splint reached from the nates, and was adapted to the foot, so that the whole of the lower extremity was perfectly confined.

For the three days subsequent to the operation, the patient slept well, without pain in the knee, or fever. On June 8th, when the leg was raised from the splint and dressed, the wound was found to have united, except at the outer edge, where there was a discharge of pus. He was remarkably comfortable, and experienced but little pain from the dressing. He was allowed house diet.

On the 11th, the limb was again taken out of the splint, and a collection of pus was found on the outer, but none on the inner, side. The appetite was not very good, and he was therefore ordered the compound tincture of gentian. On the 14th, the limb was again dressed, and the wound was found to have discharged somewhat more than at the last dressing. The incision below the patella had apparently united by the first intention, and only the ends were open, to allow the escape of the pus. His appetite was much better.

This patient continued to improve, and left the Hospital in about two months, not having had a bad symptom from the date of the



operation. In November, he was present at a meeting of the Boston Society for Medical Improvement, having walked nearly a mile from his residence. At this time he was partially disabled by a nail growing into the flesh of one of the toes on the side operated upon, so as to require the use of two canes in walking. Bony union seemed to have taken place between the femur and tibia. The wound had apparently healed, though at a small spot it occasionally opened and discharged slightly.

The recovery of the use of the limb in this case was quite rapid, and he was out as soon as a patient after an ordinary amputation. The superiority of the single over the double flap, when it can be made, both as regards appearance and position of the wound, need hardly be insisted on.

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BARTON'S OPERATION FOR STRAIGHTENING THE KNEE-JOINT  
BY EXCISION OF A WEDGE-SHAPED BIT OF BONE.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY J. MASON WARREN, M.D.

THE patient, who is 25 years old, and from Nova Scotia, presented himself to me in September, 1850, on account of a great deformity of his limb, owing to an ankylosis of the knee-joint, the leg being bent at nearly a right angle with the thigh. He stated, that his prospects had been destroyed and his life rendered wretched by his infirmity; and wished, if anything could be done for him short of extreme danger to his life, that it should be attempted. The history of the case, as given by him, was this. In November, 1841, he fell a distance of three feet, striking the knee. Three days after the fall, the knee began to swell and become painful. This went on for four weeks, when it was punctured, and a pint of watery fluid escaped. It continued to discharge for fifteen months, during which time many small pieces of bone came away. The opening finally healed—leaving the joint and limb in its present distorted position. His hereditary tendencies were scrofulous. In the erect position, resting upon the sound limb, the lame foot is seven and a half inches from the ground, but he can limp about with a high-heeled boot.

I informed the patient that the only operation which suggested itself to me was Barton's operation, which had apparently been already described to him, and at once he requested to have it performed. I advised him to enter the Hospital for the convenience of apparatus, which he did. Some of his friends attempted to deter him from running any risk, but he said he was determined either to undergo the operation, suggested by me, or to have the limb removed, as he could no longer bear the pain and mortification of his condition.

On the second of October, the operation agreed upon was thus

performed. A V-shaped incision was made through the skin just above the knee-joint, the base of the triangle, two inches wide, presenting outward, with the apex at the inner side of the limb. The flap was dissected up and the bone exposed, the other textures having become atrophied from disease. A wedge-shaped piece was sawn out of the femur, the incisions not being carried quite through, so as to avoid the artery. The remaining portion of bone was then broken; the flap was secured in its place, and the knee placed on a double inclined plane, and firmly fixed to it. There was no hæmorrhage.

On the following day, the patient said he had passed a restless night, but was free from pain. The limb was dressed on October 7th, and placed on a splint with a hinge and screw, so that it could be extended without any shock to the joint. By the 20th, the limb had been gradually brought to a straight position, and on the 29th the bones had united, and the wound was healed. Some time after this, he had a febrile attack, in the course of which the union became somewhat less firm, and threatened to dissolve; the system showing its scrofulous tendency. He gradually recovered, however, and left the Hospital.

About a year after his discharge, this gentleman presented himself to me, well. The limb was but very little shorter than the other, and with a pair of large trowsers the difference in the shape of the two limbs could scarcely be distinguished. He walked well with a cane, and the improvement between his present upright appearance in walking and his former painful method of locomotion would have almost prevented him from being recognized as the same individual.

In a recent conversation with Dr. Barton—whose retirement from the profession in which he acquired so much honor is deeply to be regretted—he informed me that when he first began these operations, great danger was apprehended from the supposed interference with joints, or their vicinity. But he at once demonstrated what afterward seemed sufficiently evident, that the delicate structure of the joint had, in these cases, already been destroyed, and that the bones might as readily be interfered with at this point as in their continuity. In some cases greater symmetry may be gained by making the excision directly from the joint rather than above it, as there is then presented a much larger surface of bone. There are also other advantages. I have seen a patient thus operated upon, by Professor Mütter, with the most complete and gratifying success. Dr. Buck, of New York, has also done the operation successfully.



## MEMBRANOUS CROUP.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE H. GAY, M.D.

CASE I.—*Membrane in the larynx, trachea and smaller bronchi. None in the back part of the mouth. Tracheotomy. Recovery.*

Charles W., æt. 7, had been troubled with a slight cold for a few days, and at 10, P.M., some difficulty of breathing was noticed for the first time. The next day he coughed but little. At 11, P.M., the difficulty of breathing came on again. On Saturday the cough was so like the barking of a puppy five months old, that was in the room, that the mother could not distinguish them by the sound. At night, the dyspnœa would return about an hour later, and continue for about two hours. Sunday night, he woke his parents up, screaming and saying he was choking. When I saw him, Monday, November 22d, he was playing about the room, without any noisy breathing, but with a hoarse voice and hoarse dry cough. His mother had already given him an emetic two or three times, in the night, with relief to the symptoms. I merely directed some syrup. scillæ and senega, a Dover's powder, and cold water to the throat. There was no inflammation, nor appearance of any membrane in the fauces. The tonsils were somewhat enlarged, but not red. The voice and cough has become less and less hoarse and dry, though the dyspnœa would come on at night. Nitrate of silver was applied to the throat and upper part of the larynx. On Thanksgiving Day, Nov. 25th, the voice was scarcely husky, though the cough was a little hoarse. He passed a pretty good night, and at 8, A.M., Friday, his mother considered him nearly well. At 9, A.M., she noticed that he was not inclined to sit up, but preferred to lie on the bed, and would not eat anything. In a few moments he had a spasmodic, strangling paroxysm of coughing, which was thus described by his mother:—with his mouth wide open and gasping for breath, he seized hold of his larynx as if to tear something away, then held his hands up high and suddenly jumped over the upper end of the lounge, turned round upon the bed, jumped again on the lounge, stood up, struggling for breath, with his face nearly black. Similar paroxysms came on every twenty or thirty minutes for about two hours. There was then an interval of relief, when they again returned. At 3, P.M., he had another attack; his lips were drawn tight across his teeth, his face was livid, his arms were tossed about, he ran across the room, and then fell, exhausted, upon the bed, with his head drawn back.

At my visit this day, about noon, the serious change in the symptoms was immediately noticed; the cough was then frequent, short, dry and almost extinct; respiration labored, noisy and hoarse, 50 per minute, inspiration and expiration being equally noisy; voice hoarse and whispering; swallowing, not difficult nor

painful, but almost constantly excited coughing; no appearance of any membrane in the posterior part of the mouth; tonsils somewhat swollen; submaxillary gland of each side enlarged and prominent since morning; no soreness nor pain about the larynx or trachea; pulse 130; tongue with white coat and red edges; no expectoration.

I proposed a consultation with reference to tracheotomy. I was sent for during the paroxysm at 3, P.M. When I arrived there, the patient had come out of it and was very much exhausted. Drs. Lewis, Ware, Sen., and Read, were present at the consultation.

*Tracheotomy* at about 4½, P.M., seven or eight hours after the strangling croupy symptoms had come on, the patient being fully etherized.

There was nothing particular about the operation, except that the thyroid isthmus was divided because it was in the way. The hæmorrhage was very slight, and stopped the moment the trachea was opened. The dilator was kept in until the usual coughing and expectoration had subsided. The tube was then inserted and fastened. After a few moments, the respiration became decidedly more quiet and easy. Pulse 120. Directions were then given for a person to be by the bedside all the time, with a sponge or cloth in the hand, to wipe away whatever came out of the tube before it was drawn back, to remove and clean the tube in hot water at least every two hours, and oftener if there was an apparent obstruction; if the obstruction still continued, to remove the other tube, and with the forceps to take away any membrane that might be seen. A further measure might be then adopted of injecting slowly through the opening of the trachea a mild solution of nit. argenti, or simply water, or of putting a large catheter bougie, with end cut off, into the trachea, and endeavor to remove the obstruction by suction. Afterward resort to pulmonary insufflation, if necessary. It was also directed to inject slowly through the tube into the trachea, every four hours, about one third of a teaspoonful of a twenty-grain solution of the nit. argent., for the double purpose of cauterization and expulsion of the membrane. Dover's powder, gr. iij., to be given p. r. n. Iodid. potass., gr. ij. every two hours. The temperature of the room to be between 70° and 75°, and the air to be moistened with steam; also, two or three layers of folded lace over the opening of the tube, like a cravat. 11, P.M.—Has been very quiet most of the time, and slept somewhat. Pulse 120. Considerable thirst—drinks easy and without producing a cough. The first introduction of nit. argent. caused a free expulsion of viscid mucus and pieces of membrane. Was relieved by it.

Saturday, Nov. 27.—Was pretty comfortable through last night. Slept somewhat. Expelled many pieces of membrane through the tube. This morning the countenance is bright, and he makes a motion that there is no pain in the throat or neck. The tube was cleaned every two hours, without any disturbance to the patient.



The submaxillary swelling is about the same. Less thirst. The breathing is quiet most of the time. Has expelled more membrane, and it always comes easier after the nit. argent. One piece is thick and very firm, nearly tubular and bifurcated. At noon, some other pieces were expelled from the tube, firm and hollowed, a portion evidently from the small bronchial ramifications. The firmest membrane looks very much like some of the layers in an aneurism. Near noon, the mother thought the nostrils moved, as if air passed through. A very delicate feather placed at the nostril was not the least affected by it. Does not raise anything by the mouth. 6, P.M.—Feels comfortable, and is sitting up in bed, with his paper and pencil. Respiration free and loose in the lungs. Coughs much, and constantly raises membrane and viscid mucus. Large quantities of clear, thin mucus run from the mouth, as when salivated. Throughout the day, the respiration has been generally easy and without much noise, except just previous to a cough. 10, P.M.—Has slept quietly most of the time since the visit at 6, P.M. Has raised strips of membrane—one, one and a half and two inches long; salivation continues.

Sunday, Nov. 28th.—Had very quiet and easy naps through the night. Raised much membrane, some of the pieces nearly tubular, and of the size of the smaller bronchial ramifications; the mucus is still viscid and dark colored. To-day, is again sitting up in the bed, playing with his paper and pencil. The tongue is much cleaner. Pulse 100. From the efforts he makes to raise, and without success, and from the flapping noise, the membrane is evidently separating in the larynx. Has raised some purulent looking fluid by the mouth. Through the tube, the membrane is still expelled in long, narrow, white pieces, some very firm and thick, tubular in part, and with blood attached to them. There are some loose, flapping râles in right back. There is more discharge through the tube, of a puriform appearance. The wound of the neck has a whiter covering than yesterday. Nit. argent. was freely applied to it. Salivation nearly gone.

Monday, Nov. 29th.—Slept very quietly last night two hours at a time. Expelled membrane and muco-pus through the tube. Tube remained in *nine hours* without changing. This morning, is very comfortable. Makes occasional efforts to raise by the mouth, which produces retching. Appetite good. Pulse 100. Some healthy red granulations are appearing in the wound. Iodid. potass. is taken twice a day. The swelling of the submaxillary gland is subsiding.

Thursday, Dec. 2d.—Has been improving since last report. The tube is changed once or twice in twenty-four hours. Raises a purulent looking discharge, with some granular membrane, like boiled tapioca. Grows stronger daily. Both tubes were removed to-day, as no change was made for eighteen hours. Breathes well

through the mouth. Swallows easy. Asks for meat. Bowels regular. Tongue nearly clean. Pulse 90, stronger.

Friday, Dec. 3d.—Has breathed well since the tubes were removed. No membrane now comes away, except in granular masses and mixed with pus. After dinner, expelled some tenacious mucus by the mouth, and immediately was able to speak aloud. The voice became more and more distinct, though loarse. This morning, he is up and dressed, playing on the lounge. The expectoration is mostly purulent, with small bits of membrane. Breathes easy and without any noise. Wound of neck healthy and contracting.

Saturday, Dec. 11th.—Voice has become stronger. Coughs somewhat, and the expectoration is purulent. The edges of the wound are brought together by plaster, and scarcely any air escapes except during a long cough. Appetite sufficient. Pulse 80 to 90. The hoarseness is not gone yet.

Monday, Dec. 13th.—Is improving in every particular. The cough is less and the voice is not so husky. He suffers a little from two boils at the upper part of the right chest, near the clavicle. Has lost a great deal of flesh since the sickness appeared.

The directions in reference to the patient were at all times faithfully attended to. The tube was frequently cleaned and replaced, without the slightest difficulty or disturbance to the patient.

After the operation there are certainly greater facilities for acting through the opening of the trachea directly upon the disease, even when in the bronchi.

The injection of a solution of nit. argent. (gr. xx. to  $\frac{3}{4}$  i. water), through the tube into the trachea, formed the principal treatment after the operation. In two cases it has had an evident beneficial effect. Up to this time, it will be probably allowed that no internal medicine is known that will stop the *secretion* of the membrane. The local application of the nit. argent. has certainly appeared to come the nearest in producing this effect, particularly after tracheotomy. Its influence, graduated in strength according to circumstances, in other cases, will show its value.

In this patient there seemed to be three different forms of the membrane: the tough, firm pieces looking like some of the layers of an aneurism, or like the calcareous concretions of an artery; the tape-like strips, and the granular or tapioca form.

There were several reddish strips, looking as if organized, not unlike the coat of a vein.

The small hollowed casts of membrane could have come only from a *small bronchus*.

The small bifurcated piece was too small for the tracheal bifurcation, in a child (a boy) *æt.* 7.

A point of noticeable interest is the fact that at no time was



there any sign of membrane in the back part of the mouth. The sudden swelling of both submaxillary glands was certainly not encouraging.

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CASE II.—*Membrane in the nose, back part of the mouth, larynx, trachea and bronchi. Tracheotomy. Recovery.*

Martha L., æt. 11, Roxbury, had had more or less of a cold, with some hoarseness, for two weeks. It was nearly well, when on the 19th of November, she was suddenly taken with inflammation of the tonsils, after coming home from play. The next day there was so much swelling that the tonsils nearly met on the median line. The voice was thick and nasal. There was no particular difficulty in the breathing, nor cough. At night she snored loudly, and kept her mouth wide open. In a day or two, by report of the mother, the whole of the back part of the mouth was covered with a "*white canker*." This gradually came away in pieces, and the tonsils and velum palati were nearly free from it, when, on the 24th, in the night, she had a croupy hoarseness. Up to this time there had been no cough. She is naturally of a feeble, scrofulous constitution, and had been much enfeebled by this sickness.

Thanksgiving noon (Nov. 25th), there was decided croupy cough, voice and breathing. She could not speak loud, and the voice afterward was a mere whisper. At night the cough was almost incessant, the respiration labored and noisy. The next day, Friday, the symptoms were generally worse, and at night she raised a small piece of membrane. Saturday morning she raised another piece of membrane, and at 5, P.M., another piece. The tonsils and fauces generally were again covered with a white membrane. She was comparatively quiet an hour and a half after raising the membrane in the afternoon. The symptoms then returned with increased severity, the breathing was very tight and the voice nearly gone. She passed a very bad night, and on Sunday morning, Nov. 28th, some strangling paroxysms of coughing came on, which nearly exhausted her. The cough was dry. These strangling paroxysms increased in frequency and severity, and at 4, P.M., I saw her, at the request of her family physician, Dr. Jackson, of Roxbury. At that time her countenance looked very distressed and exhausted, her eyes were staring, her nostrils wide open, and the lips and cheeks were purplish. The cough was frequent, dry, hoarse and very nearly extinct; the voice was a faint, hoarse whisper; the respiration was very labored, but not very hurried, noisy and hoarse, inspiration and expiration being equally noisy. From auscultation nothing could be pronounced upon with confidence. By percussion the resonance was not very marked.

There was, and had been, considerable pain in swallowing of liquids even, and at times an entire inability. Any attempt would excite a choking paroxysm of coughing, which made her face almost black.

The tonsils were swollen, and, with the *uvula*, *velum palati* and upper part of the *pharynx*, were covered with *white membrane*. The *nostrils* (mucous membrane) were inflamed, and had *patches of membrane*. The tongue had a thick white coat and red edges. The pulse was 130, and feeble. The larynx was painful to the touch, as was also the upper part of the trachea. There was no glandular swelling of the neck.

It by no means could be considered a favorable case for an operation. The naturally feeble restorative powers of the system, the great constitutional depression attendant on the *re-deposit* of the membrane throughout the fauces and in the nose, the extension of the membrane into the larynx, trachea, and probably the lungs, held out nothing but an unfavorable result if the disease was left any longer to itself. A very prominent indication seemed to be to see if a large opening in the trachea would not allow a more free and permanent passage of air into the lungs than that then existing, and thus relieve a strong asphyxiating cause; then to resort to stimulants, tonics and such other remedial measures as the circumstances of the case might suggest. This would give rest to the larynx, where there was so much danger, and time for the disease, wherever it was, to go through its course to the separation and expulsion of the membrane through the opening in the trachea. With all these complications, it was decided to perform tracheotomy, even though the relief was only temporary.

*Operation* at 4½, P.M., with the assistance of Drs. Lewis, Windship and Jackson, the patient being under the influence of ether.

The irregular distribution and the very large quantity of veins, and the swelling of the thyroid gland, rendered it necessary to proceed with great caution. The veins were carefully dissected away and held aside by blunt hooks; a tenaculum was then inserted into the trachea to steady it, and four or five rings were divided, with the loss of but very little blood. The dilator was then introduced, and the slit of the trachea was kept wide open until the usual bloody liquid was expelled. The breathing soon became easier, though considerably obstructed. The pulse was very feeble, though less frequent than before the operation. After the administration of stimulants, she gradually revived, and was able to expel many pieces of membrane from the opening still kept free by the dilator. After a few moments' rest, the tube was inserted and fastened. The breathing was much relieved. Instructions were then given respecting stimulants, and the watching and cleaning of the tubes, and the dropping into the trachea, through the tube, every three or four hours, of a small quantity of a twenty-grain solution of nit. argent. A small Dover's powder was to be given according to circumstances, and iodid. potass., gr. ij., every two hours. A gauze cravat and steam were directed, as in the case of the boy.



Monday, Nov. 29th.—Had a more quiet night than was expected. She raised through the tube many pieces of thick membrane, and viscid, glue-like mucus. The first introduction of the nit. argent. caused much coughing, which expelled from the tube, in every direction on the bed, many pieces of membrane. She had some sleep, with but little labored breathing. To-day, she is very nervous and fretful. Pulse 110, feeble. Complains of great soreness over the whole chest, probably owing to the hard breathing and coughing. There is some vesicular respiration in the left lung. The right lung does not sound so well. The respiration is much less hurried than yesterday. The tongue has a thick white coat. There is no further extension of the membrane in the fauces. The nit. argent. was very thoroughly applied to the throat and trachea through the tube. Iodid. potass., gr. ij., was given every two hours; Dover's powder, gr. iij., p. r. n.; wine and water and milk porridge at regular intervals, and cold water if much thirsty. Patient swallows without any difficulty.

Tuesday, Nov. 30th.—Was much more comfortable in the latter part of yesterday and night. Expelled large quantities of thick membrane and viscid mucus. The tube was removed and cleaned every hour, without any disturbance to the patient. Had a nap of one hour at a time. While the nurse was cleaning the inner tube in the night, the patient out of curiosity removed the other. The father immediately replaced it. The breathing was not very labored during the time that both tubes were out. To-day, appears and looks stronger. Pulse better, 100 to 110. The respiration is much more quiet. Some moist rattles in trachea and lungs. Raises some very thick, hard, firm pieces of membrane through the tube. One of the surfaces in most of the pieces is more or less bloody. The viscid secretion is tinged with yellow. Both tubes were removed, and kept out fifteen minutes. Wound of neck had a whitish membranous deposit upon it. Nit. argent. was freely applied to it. There is but little swelling. The throat looks better. Membrane still on uvula and tonsils. The nose is about the same. Some appetite. Tongue cleaner. While the tubes were out, a piece of membrane was seen hanging from the larynx; could not seize it. Every injection of nit. argent. through the tube expels pieces of membrane.

Wednesday, Dec. 1st.—Was not so well yesterday P.M. Dr. Ware, Sen., went to see her with me, and we found her with more fever than at any time since the operation. The cheeks were flushed, the skin hot and dry, some thirst, and the pulse 130. The respiration was hurried, the cough dry, and the lungs seemed much oppressed. This condition continued till about midnight, when, after an injection of nit. argent., the cough became much looser, and some large, tough lumps of membrane were expelled. She then became easier, and slept more quietly. This morning, she is decidedly more comfortable. Feels hungry. Pulse 120. Has

expelled some thick pieces of membrane, some were reddish on one side, looking almost as if organized. One piece had a smooth concave surface, as if a part of a tube; the other surface seemed to be made up of different layers of membrane. There is not much yellow color as yet to anything that is expelled. Tongue moist and cleaning. By the mother's report, at 5, P.M., she had had the most quiet day since the operation. Is still nervous. Throat and nose better.

Thursday, Dec. 2d.—Passed a very good and quiet night. Slept easy for an hour at a time; would wake to expel membrane and mucus through the tube. At the visit this morning, she is sitting up in the rocking chair, breathing quietly and without effort, and is not so nervous. The wound of the throat is improving in appearance. The tongue is much cleaner. There is some membrane on the end of the uvula; the rest of the back part of the mouth is clean. The pulse 100, much stronger. Complains of pain in her ears. The soreness of the chest is much less. The membrane expelled since yesterday is still in lumps, and stained with blood, but much softer, as if it were decomposing. Some air comes through the mouth, without much effort. The appetite is good, and she asks for beef-steak. She swallows without pain or difficulty, and without exciting any coughing. Has not had any trouble in swallowing since the operation. The countenance and general appearance are good. The treatment has been continued.

Friday, Dec. 3d.—Patient was allowed to sit up again by the attendants in the afternoon, and on account of it was much fatigued at night. She passed the first half of the night less quietly, and the cough was more dry. After midnight the cough was looser, and she expelled a large quantity of lumpy membrane, with some purulent fluid. This morning, she is not so comfortable as she was yesterday morning, though better than she was last evening. Wine-whey or jelly, beef-tea or milk-porridge were given oftener. Pulse 100, rather weak. The breathing is easy, not noisy nor quick, and there are many loose râles throughout the chest. The tongue looks well. No membrane in fauces. Appetite not so good as yesterday. Seems to want strength more than anything else. Has expelled more membrane in the last twenty-four hours than in the twenty-four preceding. It is softer and less firm. There is some that is granular, or looking like boiled tapioca. In the P.M., she was quiet most of the time. Did not sleep any during the day. Some bloody expectoration, as if from the separation of membrane.

Saturday, Dec. 4th.—Had a very comfortable night. Slept more than an hour at a time. This morning, feels better and stronger. Appetite improving. Pulse 100. Breathing easy, slow and very quiet. The cough is very loose. She raises the membrane easily, which is softer, though lumpy, and more yellowish. There is much mucus and pus expelled through the tube.



Sunday, Dec. 5th.—Was easy yesterday and night, sleeping two hours at a time. Cough was frequent and very loose, expelling pieces of membrane, reddish as if organized. This morning, patient is better. The tongue looks nearly well. Appetite good. Expectoration from the tube and mouth is more purulent. One piece of the membrane probably came from above the tube, as it produced a longer, harder coughing and some gagging.

Monday, Dec. 6th.—Slept very quietly last night; at one time, three hours. To-day, general appearance very much better. Grows stronger daily. Raises less membrane by the tube and mouth. Membrane is softer, yellowish and easily broken down. Purulent secretion free. Breathes very quietly, and without effort. Wound of neck looks very healthy. Interior of mouth and nose without any membrane. *Both tubes removed.*

Tuesday, Dec. 7th.—Was better and easier without the tubes during yesterday. Slept most of the night. To-day, feels generally stronger. Breathes easily, and without noise. Cannot speak aloud as yet. The membrane is softer and softer; some of it looks granular, or like boiled tapioca. Most of the expectoration is purulent.

Thursday, Dec. 9th.—Doing very well. Coughs but seldom. Sleeps nearly all night. Wound of neck contracting; edges brought together by adhesive plaster.

Monday, Dec. 13th.—Sits up during most of the day. Grows stronger. There is still some loose cough. The voice is yet a loud whisper.

The great comparative ease and quiet in this patient and in the boy a short time after the operation, of themselves alone are points of great practical interest as bearing upon the propriety of the operation of tracheotomy. Without the operation, the result, in a few hours, would undoubtedly have been fatal to both.

The marked peculiarity in this patient was a condition of the system favorable to the re-formation of membrane, and its appearance in the nose, throat, larynx, trachea, bronchi, and wound of the neck. Another peculiarity was the expulsion of the membrane in large *lumps* and in very great quantities. Some of the lumps were very firm, and looked as if there were successive layers; others looked as if they were rolled up previous to the expulsion. There was the same reddish look as if organized, as in pieces raised from the boy. It was not merely blood upon the surface which could be wiped away, but the red portion had some thickness, and looked like the coat of a vein.

At no time has there been a symptom of pneumonia in either case.

In *six* cases operated upon by myself within about twelve months, *four* have recovered: in one, there was pleurisy, pneumonia and erysipelas *after* the operation; in another, the croup came on after an attack of mumps, and membrane was deposited on a

blistered surface; in another, there was no membrane in the throat, but in the larynx, trachea and bronchi; in another, there was a general constitutional infection, with membrane in the nose, throat, larynx, trachea and bronchi.

There are recorded cases of recovery after tracheotomy for membranous croup, where scarlet fever, measles, whooping cough and erysipelas have complicated the trouble, either before or after the operation; also after a general diphtheritic infection, with this membrane extending into the bronchi, and also after pneumonia. These of themselves add more danger to a case, but are not necessarily fatal complications. The strongest contra-indication to an operation seems to be the presence of double pneumonia.

An allusion was made, in the report of the two cases last winter before the Society, to the difference in the successful result of early over late operations for strangulated hernia. It was also remarked that time would show whether an earlier period of performing the operation of tracheotomy for membranous croup than has been customary, may not be followed by as successful results.

It is an important and very significant fact, that until within about a year there has been no recorded case, in any part of this locality, of recovery after tracheotomy for genuine membranous croup. The difference certainly cannot be attributed to the operation, for that was hitherto performed as at present. It must be now allowed, we think, that the constant fatality was mainly attributable to the late period of the operation, resorting to it merely as a *dernier ressort*, and not as one of the means of treatment. It is true that a tubular membrane has been raised in some desperate cases, and recovery has followed without an operation. But the number of such successful issues is so vastly disproportionate to the deaths, that it is altogether too desperate a risk for a patient to incur.

The proper time for an operation seems to be, not when the patient is pretty well, nor when nearly dead, but an intermediate or medium time, when the evident croupy symptoms are increasing in severity, unrelieved, and when there is a decided presence of membrane in the larynx.

Still, operate even when the patient seems moribund, although the chance of success will not be great.

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## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

DEC. 7th.—*Congenital Fissure of the Sternum*.—A special meeting of the Society was called for this evening, to see and examine a remarkable case of fissure of the sternum. The subject of this rare



anomaly is M. Groux, a native of Hamburg, who has within a few years past visited many of the capitals of Europe, and presented himself before the principal medical societies both upon the continent and in England. He has lately arrived in this country, and to his zealous interest in the cause of science are we indebted for the opportunity now afforded of examining the singular fault of conformation exhibited in his case.

In view of the short stay of M. Groux at this his first visit to Boston, in consequence of which it is impossible that so thorough an examination of the case can be afforded as is desirable, it was, on motion of Dr. JAMES JACKSON, voted that a committee be appointed to make arrangements with M. G. for a repetition of his visit. The chair appointed Drs. UPHAM, HAYWARD, JR., and BORLAND. Another committee was subsequently appointed by the Society to make a careful investigation of this case, and report thereon at a future meeting. This committee consists of Drs. J. B. S. JACKSON, O. W. HOLMES, and H. I. BOWDITCH. After some prefatory remarks by Dr. James Jackson, in which he alluded to the disinterestedness and zeal of M. Groux, as evinced by his careful study of his own case, and by the trouble and expense incurred in visiting foreign countries for the benefit of science, the following brief biographical sketch was presented by Dr. Upham.

M. Eugene A. Groux was born in Hamburg on the 10th of January, 1831. His father was also a native of Hamburg; his mother, of Bordeaux, in France. The congenital fissure of the sternum, which forms his anatomical peculiarity, though known, of course, at birth, does not seem to have excited any marked attention. There is a tradition of a consultation being held as to whether a swathe or bandage should not be applied to his chest, to bring the divided sternum into closer apposition. Fortunately for himself, and for science, perhaps, he was left for nature to treat. At the age of about three years, he was subjected to examination in a private medical society at Hamburg, of which he thinks he has some recollection still. Being otherwise of feeble and delicate organization, when five years old he was placed at school in the country, where he remained till the age of 12. He then returned to his native city, and joined a school of higher grade for some years more. When 15 years of age, he went to London, and was employed as an assistant in business with his uncle, a soap-boiler by trade. In this capacity he remained for a period of a year and six months, when he was seized with a severe attack of cholera, which was then epidemic in England. In this illness he was attended by Dr. Beneke, physician to a German Hospital in London, to whom he communicated the fact of his singular malformation. Dr. B. was a man to understand and appreciate the value of the case. On his recovery, through the instrumentality of Dr. B. he was presented to most of the eminent physicians and surgeons of London, and various reports of his case were at that time published in the English journals. He remained in London some ten or twelve weeks after this attack, when he returned to Hamburg, and entered a well-known mercantile house in that city. This is an establishment corresponding with the wholesale drug and medicine stores with us. His duty was here, among other things, to assist in the analyzation of drugs, which led to more or less familiarity with chemistry and pharmacy. In this employment he remained for two years, more or less, when he was attacked with pleurisy of the right side, accompanied by an inconsiderable amount of hæmoptysis. He attributes this attack to breathing the fumes of phosphorus. He was thus compelled to leave the establishment, and, finding himself, after a somewhat tedious convalescence, in a feeble state, remained about home, employing his time, by the advice of his physicians, in out-door exercises and sports.

It was now, being advised to travel for the benefit of his health, that he formed the determination to exhibit his case to the medical world. He therefore set out on his tour in the latter part of the year 1851, since which time he has visited nearly all the large towns and cities in Europe—has been presented to the various

medical and learned societies, and has also subjected himself for private examination to numberless physicians and medical men of eminence in Germany, Holland, Sweden, Russia, Spain, France and the Kingdom of Great Britain.

After travelling a couple of years, he resolved to enter systematically on the study of anatomy and physiology; and for this purpose connected himself with the schools and hospitals at Vienna, and subsequently in Paris, where he shared as a student the facilities so abundantly afforded in those capitals. In 1856, he remained for about six months in Russia, whither he went at the call of the Government, preferred through Dr. Zdekauer, his time being there divided in the cities of Dorpat, St. Petersburg and Moscow. Some four or five weeks ago he arrived in New York, with the purpose of making the tour of this country.

The case of M. Groux, it would appear, is, in most respects, unique. Two cases, however, are on record, which approach, in some degree, the peculiar malformation we have before us. The first is that detailed by Harvey of a young nobleman—the son of Lord Montgomery—in whom there existed a cavity of the left side (the consequence of a fall, attended with fracture of the ribs and followed by a suppurative abscess), through which the heart could both be seen and touched; the second, that mentioned by Mr. Lyons, of Dublin, as having occurred in a boy, 14 years of age, laboring under a deformity consisting of lateral curvature of the spine and a deviation of the ribs, admitting, through a triangular space (covered only by integument) thus left in the side of his chest, a partial view of the motions of the heart. And I beg leave to read from the manuscript of Dr. J. Hughes Bennett, of Edinburgh, the record of a case still more analogous, with which I will close this imperfect sketch. “Eleven or twelve years ago, when Pathologist to the Royal Infirmary, I found in the body of a woman who died under the care of Dr. W. Robertson, the very same malformation of the sternum which is to be found in M. Groux. Dr. R. informs me that he has no notes of the case, and he does not remember having made any particular observation upon it. The specimen is preserved in the Museum of this University, and I have always regarded it as a unique preparation. M. Groux informs me it is the only one of the kind which, in the course of his visits to the various medical schools, he has met with.” It does not appear, however, that any observations of this case were made during life.

M. Groux was now introduced by Dr. Upham to the Society.

He is 28 years of age, rather below the ordinary stature, of a pale countenance, but in good health, and well formed, excepting the sternal fissure. On the anterior median line of the thorax is a longitudinal V-shaped depression, occasioned by a want of union of the halves of the sternum. The width of this depression, during quiet respiration, is about one inch and a quarter at its upper part, gradually diminishing in width as it approaches the ensiform cartilage, where it reaches its apex. The depth of this depression is ordinarily about half an inch, being somewhat greater during natural inspiration, and very much increased by a forced inspiration. By the action of the pectoral muscles, the width of the fissure can be much increased, being dilated to about two inches and a half at its upper part; while the action of the deltoids and trapezius diminish and even wholly obliterate it. It can also be increased by forced expiration, and diminished by forced inspiration, at pleasure.

In this triangular space, two beating tumors can be seen; one, the most prominent, being on a line with, or a little above, the fourth rib; the other below, and toward the bottom of the fissure. A third is also perceptible to the touch at the upper margin of the space.

M. Groux can produce, by forced and prolonged expiration, a protrusion of the lungs, the depression now becoming a tumor of a semi-cylindrical form, giving a clear sound on percussion. Coughing also exhibits this phenomenon in a remarkable manner, the lung suddenly springing up and falling back with the greatest rapidity.



M. Groux also has the power to stop the pulse at will, by taking a full and powerful inspiration and retaining the breath. The pulsating tumor can also be enlarged by entirely exhausting the lungs of air, and closing the channels to its ingress for a few moments. In the triangular space above mentioned, the motions of the heart, or of certain portions of it, are visible, and its sounds distinctly heard. What these sounds are, or what composes the principal pulsating tumor in the fissure, is a question upon which physiologists are divided in opinion.

Dr. HOLMES remarked that there were some points in connection with this case that had not been alluded to, and to which he would refer. The first was in regard to the process of ossification in the sternum. He stated that the first or upper portion, judging by the specimens in the Warren Museum, ossifies from a single centre: commonly, also, the other pieces which make the body of the bone. In some instances, however, there have been found two or three pairs of lateral centres of ossification; the non-union of which in the median line would leave a fissure, similar to that which exists in the case of M. Groux. This tendency is also noticeable in the bifurcation often presented by the ensiform cartilage. Dr. H. exhibited two specimens of the sternum, in which perforations existed, these also suggesting the same tendency. This was also evident from the fact that the upper piece of the sternum sometimes presents, on its superior edge, two nodules—the *episternal* bones. Dr. Holmes further alluded to the analogy between the sternum and the vertebral column, and the correspondence between the fissure in the former and that which exists in *spina bifida*. With regard to the sterno-mastoid muscle, the inner head was apparently inserted on the divided portion of the sternum on each side. Dr. H. next alluded to the question as to what constitutes the tumor at the upper part of the fissure. So far as his examination had enabled him to form an opinion, he had favored the view that it was the right auricle. In forming a conclusion, it was important to note the points of the surface to which the various parts of the heart correspond. In a drawing of Pennock, the apex of the right auricle appears to reach as high as the cartilage of the second rib. In a plate given by Hope, it extends only to the cartilage of the third rib. (In a robust subject laid open for the purpose, the right auricle lay on the median line, extending from the fourth to the upper edge of the third rib. In this subject, however, which was exhibited to the College Class at the time when M. Groux was presented before it, the lungs being collapsed, and the contents of the chest falling away from its walls, all the relations of the viscera and the parietes were different to some extent from what they were during life.) The dull sound heard over the tumor, if ventricular, should be followed by the second, or valvular sound. This, however, if heard at all, is only suspected, as it were. It seemed probable, therefore, that this sound was that proper auricular sound which has been occasionally observed, especially in cases of disease of the auriculo-ventricular valves. The analysis of the movements and sounds of the heart is by no means easy, as is shown by the contradictory results of various observers, and it would be necessary to make a number of observations before attempting to answer all the questions the case suggests.

A further and full report of this interesting case will be given as

soon as the result of the Committee's examination shall have been received.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 23, 1858.

### THE TREATMENT OF CROUP.

THE cases of croup reported in the present and preceding numbers naturally suggest a few thoughts on the treatment of that disease, especially with a view to the possible prevention of the deposit of a false membrane on the mucous surface of the air-passages. Those who look upon this exudation as the natural result of inflammation, which has been allowed to go too far, would mostly be inclined to adopt an active treatment, perhaps an extreme one, in order, if possible, to cut short the process before it arrives at so disastrous a termination. Such, we presume, is the opinion, as it is the practice, of our New Orleans correspondent, whose paper we printed last week. There are others who think that the deposit of lymph is not caused by a process of inflammation, at least as that word is ordinarily understood, but that it depends on some peculiarity of the patient's constitution or condition at the time, or upon local or meteoric influences, and that so far from requiring a violent antiphlogistic treatment, it is rather to be combated by a supporting, or stimulating and alterative one; being usually accompanied by an asthenic condition of the system.

We confess that the latter hypothesis seems to us the most plausible. When we consider the extreme rarity of membranous croup, compared with the very common inflammation of the larynx in children which is characterized by hoarseness, a loud, ringing, metallic cough, labored respiration and fever, it does not seem likely that the former affection is frequently the natural sequence of the other. Hence, when a writer tells us that he has treated over one hundred cases of "true croup," with but a single fatal result, it is impossible for us to believe that these cases, or even a very small number of them, would have terminated in the formation of a false membrane, under any other treatment, or without any treatment at all. Six grains of tartar emetic, frequently repeated, to say nothing of calomel, ipecacuanha, nitrate of potash, hive syrup, veratrum viride, and bleeding to the extent of fourteen ounces, make a most formidable battery to set in operation in a case of severe laryngeal catarrh in a child of 13 years; in our opinion, the treatment is wholly out of proportion to the danger of the affection. We fancy there are many physicians (besides hosts of the laity), who would believe that the patient recovered in spite of the remedies, rather than in consequence of them. The patient had been "very subject" to croup in former years. Are we to suppose that he had been often threatened with the membranous form of the disease, and as often saved by such violent and debilitating treatment; or is it not likely that this attack, as well as the former ones, were simple laryngeal catarrh, severe, no doubt, but which would have recovered as perfectly under less energetic measures?

Among the remedies which seem to promise much in the prevention



of the deposit of a false membrane, or in its dissolution, when formed, there is none which really promise so much as the alkalies, whose efficacy in the treatment of diphtheritis is already established. The remarkable power possessed by these agents in preventing the coagulation of blood, makes it probable that, if administered early enough, they may diminish the amount of fibrin of the blood sufficiently to prevent its deposit on the mucous membrane. The bicarbonates of soda and potash are convenient salts for this purpose, and may be given in the doses of a few grains every hour, or every two hours, where there is reason to fear the exudation of a false membrane. Another remedy of great value in these cases, for which we are indebted to Dr. Horace Green, of New York, is the application of a strong solution of nitrate of silver to the interior of the larynx. A striking confirmation of its utility is seen in the cases of Dr. Gay, where its application, through the tracheotomy-tube, to the interior of the trachea, was usually followed by the expulsion of membrane.

In the treatment of acute laryngeal catarrh we do not desire to undervalue the employment of emetics, calomel, sedatives and expectorants. It is only when given in heroic doses that we are inclined to doubt their utility. We have treated cases similar to that reported in the last number, which recovered quickly and completely without the necessity of resorting to violent remedies.

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#### NEW PHYSICAL SIGNS.

At a late meeting of the New York Academy of Medicine, Dr. Corson, in a paper on the management of the arms and shoulders in chest examinations, announced two new physical signs in the diagnosis of thoracic diseases. The first was called *moist respiration*, and was compared to breathing through a layer of wet sponge. It is heard before and after the mucous râles of bronchitis. This sound can be heard after causing the patient to separate the scapulæ, and to render tense the muscles of the back by crossing the arms in front, and grasping and pulling forward the shoulders strongly with the hands, while the physician pushes down the shoulder-blades. Even in health, according to Dr. Corson, the respiratory sound can be nearly doubled in this way.

The other sign was the comparative *stiffness* in the motion of the shoulder over the lung most diseased. This is observed by carefully watching the play of the inferior angles of the scapulæ during full expiration. The deficiency of motion may be mainly either "acromial" or "angular," the difference seeming to depend on the higher or lower situation of the disease which thus paralyzes the parts nearest. This stiffness of the shoulder was seen least in recent attacks. It varies most in different stages of phthisis, is slightest in pneumonia, and greatest in pleuritic affections. The value of these signs will doubtless be tested by intelligent observers.

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*Iodine for the Suppression of the Lacteal Secretion.*—Dr. Lumpkin, of Stephens, Oglethorpe Co., Ga., writes us that he uses the compound tincture of iodine as a controlling agent of the lacteal secretion, and that he considers it more worthy of confidence than any other remedy, be it new or old. He has used it for years, and what he relates as his experience is therefore worthy of consideration.

*Medical Classes the Present Season.*—The *Nashville Monthly Record* gives the following table of students at several of the larger medical schools this winter: Jefferson College, Philadelphia, 550; University, Philadelphia, 400; College of Pennsylvania, 125; School of Philadelphia, 130; University, New York, 210; College of Physicians and Surgeons, New York, 175; New York College, 55. Shelby College, Tennessee, numbers 53 in her first class. The Medical Department of the University of Nashville has been quoted at everything from 200 to 400; we are unable to give her precise number.—The class in Boston numbers 139.

*Vermont Asylum for the Insane.*—Number of patients remaining August 1, 1857, 413. Admitted during the year, 157. Total enjoying the benefits of the Asylum, 570. There have been discharged during the year, 155. Remaining August 1, 1858, 415. Of the 155 discharged, there have recovered, 80; improved, 17; not improved, 19; died, 39.

*New York University.*—The Council of the University of New York has unanimously appointed Dr. John C. Draper to the professorship of Analytical and Practical Chemistry—his father, Prof. J. W. Draper, retaining the Chair of General Chemistry as heretofore. The school of Practical Chemistry has commenced its present session with a large class, and with every expectation of increased usefulness and prosperity under the new arrangement.—*N. Y. Med. Press.*

*Professor Bennett.*—A hot war is now waging between this celebrated professor and the eccentric Edinburgh Town Council. At a recent meeting held by the inhabitants in connection with the municipal elections, Professor Bennett accused the University of mal-administration in collegiate affairs. The councillors, therefore, on Oct. 30th, most forcibly vituperated the Professor, using, among other expressions in the debate, such epithets as "mountebank," "cursed thing," &c. The Lord Provost said they certainly placed their reputation much at stake, and consequently a *quasi* apology was made.—*London Lancet.*

*Consumption of Tobacco in France.*—In an article published by the *Presse* against the use of tobacco in France, the following statistical information is given: "The consumption of tobacco increases in France most rapidly. The sale brought, on an average, a nett revenue to the Treasury, in the last years of the Empire, of 26 millions a year. In 1820, the produce was 42 millions; in 1841, 72 millions; and in 1856, 121 millions. Each inhabitant in 1820 consumed in the year, on an average, 352 grammes (500 to the pound); in 1841, 480; and in 1856, 706."—*Idem.*

*Health of the City.*—The number of deaths last week was unusually small, and there were but 6 from consumption. The same number occurred from scarlatina. But 19 of the deaths were those of females. Pneumonia numbered 4 victims, and croup 3. For the corresponding week of 1857, the deaths were 73—of which 22 were from consumption, 6 from pneumonia, 3 from croup, and none from scarlatina.

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ERRATUM.—In our last issue, on page 403, 17th line from the bottom, for "inspiration" read *expiration*. It should also be added that, for the perfection of the experiment there mentioned, the breath is also held for a few moments.

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*Books and Pamphlets Received.*—Bumstead's Record and Hunter on Venereal Disease.—Malgaigne's Treatise on Fractures. Translated by John H. Packard, M.D.—Twenty-second Annual Report of the Vermont Asylum for the Insane.—Frequency, Importance and Treatment of Ulcers of the Os and Cervix Uteri. By D. Meltzer, M.D.—On Vesico-Vaginal Fistula, by I. Baker Brown, F.R.S.—Proceedings of the American Pharmaceutical Association, at the Seventh Annual Meeting held at Washington, D. C.

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MARRIED.—In this city, Dr. J. S. B. Alleyne, of St. Louis, Mo., to Miss Henrietta Stedman.—At South Dartmouth, Mass., T. Fletcher Oakes, M.D., to Miss Elizabeth H. Sherman, both of South Dartmouth.

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DIED.—At Brownsville, Tenn., November 24th, Simon Turner, M.D., of the University of Pennsylvania, aged 35.

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*Deaths in Boston* for the week ending Saturday noon, December 18th, 52. Males, 33—Females, 19.—Accidents, 2—apoplexy, 2—inflammation of the brain, 1—consumption, 6—convulsions, 1—croup, 3—dropsy, 3—dropsy in the head, 2—debility, 1—infantile diseases, 4—scarlet fever, 6—typhoid fever, 2—disease of the hip, 1—disease of the kidneys, 1—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 3—pleurisy, 1—fracture of the spine, 1—sore throat, 2—suicide, 1—enlargement and abscess of the spleen, 1—syphilis, 1—tumor, 1—unknown, 1.

Under 5 years, 23—between 5 and 20 years, 1—between 20 and 40 years, 13—between 40 and 60 years, 13—above 60 years, 2. Born in the United States, 36—Ireland, 14—other places, 2.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO.

[Concluded from page 373.]

### § 10. *Fractures of the External Condyle.*

*Causes.*—All of the fractures (14) which I have seen of the external condyle occurred in children under thirteen years of age, except one; in which instance a woman, eighty-eight years of age, fell upon her elbow while intoxicated, breaking off the outer condyle. Two months after the accident I found the fragment displaced half an inch upward, and firmly united.

In a large majority of these cases the patients themselves have affirmed, and the surface of the skin has furnished conclusive evidence, that the fracture was produced by a direct blow, generally by a fall upon the elbow.

*Line of Fracture, Displacement and Symptoms.*—The direction of the fracture is generally such that, commencing always above and without the capsule, it descends obliquely and enters the joint either just within or through the "small head" or articulating surface upon which the radius is received; or else it penetrates more deeply in its progress, and passing through the olecranon fossa, it enters the joint through the middle of the trochlea.

In the first of these classes of examples, which I think also is the most common, the condyle alone is broken off, and it is liable only to become displaced backward, forward or outward; generally, I have found it displaced a little outward, sufficiently to increase manifestly the breadth of the condyles; or it has been carried backward; once slightly forward; it is also, in some cases, carried upward in a small degree, although the action of the supinators and extensors would seem to render a downward displacement more common. None of these displacements are usually considerable, and in a few cases there is no displacement at all. Whatever may be the direction or degree of the displacement, how-

ever, the head of the radius is found almost always to accompany it. In the case which I am about to relate, the head of the radius became completely separated from the condyle.

Frederick Keaffer, æt. 11, fell from a load of hay, and he is confident that he struck the ground with the back of his elbow. Six hours after the accident, he was brought to me by the physician who was first called to him. The arm was much swollen, and the external condyle could not be distinctly felt, but when pressure was made directly upon it, crepitus and motion became manifest. The head of the radius was at the same time dislocated backward, and separated entirely from the condyle; its smooth button-like head being very prominent. It is difficult to conceive how a blow from behind should leave the head of the radius dislocated backward, or how the radius could have separated from the broken condyles; but as the examination was repeated several times, and while the patient was under the influence of ether, I have no doubt of the fact. Several other surgeons who were present concurred with me in opinion fully.

While prosecuting the examination, I reduced the dislocation separately, but it would not remain in place a moment when pressure or support was removed. The lad recovered with a very useful arm, the motions of flexion and extension, with pronation and supination, after the lapse of a year, being nearly as complete as before the accident. The radius remains unreduced.

Sometimes it will be noticed that while the portion of the condyle which is attached to the radius falls backward, its upper and broken extremity pitches forward; and this attitude it is especially prone to assume when the forearm is extended.

It is even possible, when the fracture traverses the trochlea, for the ulna also to become displaced backward along with the radius and the lesser fragment.

Crepitus, which is usually very distinct, is most easily obtained by rotating the radius, or by seizing upon the condyle with the thumb and fingers, and moving it backward and forward.

*Results.*—Ordinarily, these fragments unite promptly and by the interposition of a bony callus; but in a few cases, I have noticed that either no union has occurred, or the union has been accomplished only through the medium of the fibrous structure, and the fragments continue afterward to move with the radius.

As a consequence, probably, of the displacement of the lesser fragment upward, the forearm, when straightened, is occasionally found deflected to the radial side. The surgeon must not, however, confound the deflection which is natural, and which is greater in some persons than in others, with the unnatural radial inclination which is occasioned sometimes by this accident. I have met with this phenomenon three times, in children under three years of age, in one of which I could not discover that the condyle was carried toward the shoulder, but only outward; in each of the other cases



the fragment had united by ligament. The following is one of the examples referred to.

A girl, æt. 3, fell and broke the external condyle of the left humerus; fracture extending freely into the joint; crepitus distinct; forearm slightly flexed; prone. Lesser fragment displaced outward and a little backward, carrying with it the radius. On the second day I was dismissed, on account of the unfavorable prognosis which I gave, or rather because I refused to guarantee a perfect limb, and an empiric was employed, who readily gave the requisite guarantee, namely, his word of honor.

July 2, 1857, several months after the accident was received, the father brought her to me for examination. There was no ankylosis, but the lesser fragment had never united, unless by ligament, moving freely with the head of the radius. When the forearm was straightened upon the arm, it fell strongly to the radial side, but resumed its natural relation again when the elbow was flexed.

The two other examples are reported at length in the second part of my Report on Deformities after Fractures, as Cases LVII. and LIX. of fractures of the humerus.

In one other example, however, mentioned also in my Report as Case LVI., the deflection was to the opposite side. I examined the lad one year after the accident, he being then five years old, and I found the external condyle very prominent, and firmly united, but not apparently displaced in any direction except outward. The radius and ulna had evidently suffered a diastasis at their upper ends, but all of the motions of the joint were free and perfect.

Dorsey\* speaks of this lateral inclination as being always to the ulnar side, but does not indicate to what particular fracture of the elbow it belongs. He has also described a splint, contrived by Dr. Physick, intended to remedy the deformity in question.

Chelius also speaks of the same deformity as occurring after fractures of the internal, but does not mention it in connection with fractures of the external condyle, that is, an inclination of the forearm to the ulnar side.

In more than half of the cases of fracture of this condyle some degree of ankylosis has resulted, lasting at least several months. I have seen it remaining after a lapse of from one to twenty years, but then it generally gradually diminishes, and in a majority of cases completely disappears after a few years.

*Treatment.*—I do not know that I need to add much to what has already been said in relation to the treatment of fractures of the opposite condyle, and at the base of the condyles, since the measures applicable to the one are, in general, applicable to the other.

Generally, the forearm ought to be flexed upon the arm, espe-

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\* Elements of Surgery, by Philip Syng Dorsey, Phila. Ed., 1813, vol. i., p. 146.

cially to overcome the usual tendency in the upper end of the lower fragment to pitch forward, and which form of displacement is greatly increased by straightening the arm. A remarkable exception to this rule, and the only one I have seen, must be mentioned.

James Cronin, aged 6, was brought to me in March, 1857, having fallen from a height of four or five feet to the ground. He was immediately brought to me. His father said it had been broken once before at the same point, two years ago, and then the elbow had always remained stiff and crooked. I found the external condyle broken off, and, with the head of the radius, carried backward. This was the position which it occupied constantly, but it was easily restored and maintained in position when the arm was straight, but not by any possible means when the elbow was flexed. I dressed the arm therefore in an extended position, with a long felt splint, and the fragments remained well in place until a cure was accomplished.

In certain examples I have no doubt also that advantage might be derived from the use of Physick's splint, intended to obviate the outward or inward inclination of the forearm.

It is especially deserving of notice that in the three cases in which I have observed bony union to fail, and the fragments to continue movable, the motions of the elbow joint have, in a very short time, been completely restored. If it does not prove that Granger was correct in his views as applied to fractures of the internal epi-condyle, namely, that it was of little or no consequence whether the fragment united or not, and that the elbow joint ought to be submitted to free motion from the beginning to the end of the treatment—if it does not absolutely prove, I say, the correctness of his views, it at least must abate our apprehensions of the supposed evil results of non-union in the case of the fracture now under consideration.

I shall take the liberty of quoting also, with a qualified approval, the opinion of Dr. John C. Warren of Boston, as stated by Dr. Norris in his Report on Surgery, made to the American Medical Association in 1848.

"In the treatment of fractures of the condyles of the os humeri, a course is usually recommended which he believes to be hurtful, inasmuch as it favors the worst consequences of the injury, namely, loss of motion in the joint. By this mode of treatment, the fractured piece becomes sufficiently fixed to create partial ankylosis; and there is so much pain afterward in the proposed passive movements, as to cause the omission of these measures, until permanent stiffness takes place. The proper course in the management of these accidents he conceives to be—1st, To apply no splints, but in the earlier days to make use of the proper means to prevent inflammation. 2d, To accustom the patient to early and daily movements of flexion and extension. 3d, When the action of the joint becomes limited, to overcome the resistance by



force, and repeat it daily, until the tendency of the joint to stiffen ceases.

"The accomplishment of this process, he adds, is so very painful, that few patients have courage to submit to it, and few surgeons firmness to prosecute it. The consequence has been that in a great number of cases the use of the articulation to a greater or less extent has been lost. The introduction of etherization, by preventing the pain, gives us, in the opinion of Dr. Warren, the means of overcoming the resistance. By its aid he has restored the motion of a considerable number of ankylosed elbows, and has successfully applied the same measures to other joints, particularly to the shoulder and knee. This has now become his settled practice, with the results of which he is entirely satisfied. The inflammation consequent upon the forced movements of an ankylosed joint, is not to be lost sight of. By a reasonable abstraction of blood, and other anti-inflammatory treatment, he has never found it alarming."\*

My respect for the distinguished surgeon whose opinion is here given, does not permit me to question the correctness of his practice; but I cannot avoid a belief that his language does not convey a precise idea of his views. If he intends to say that he would move the joint freely, when it is suffering from acute inflammation, and when motion occasions great pain, I must protest against the practice as likely to do vastly more harm than good in any case; but if he would move the joint from the first, when the inflammation and swelling are trivial, and when it occasions only an endurable amount of pain, then his views are just and his practice worthy of imitation.

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#### MAYO'S EXPERIMENTS ON THE FIFTH NERVE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Will not you, or some one of your correspondents who has in his possession the Physiological works of Mayo, give to the profession an abstract of his experiments on the fifth nerve. The premature but general concurrence in the doctrines of Sir C. Bell, have rendered it somewhat difficult now to ascertain on what they are grounded. Unless one happens to have in his possession, or ready of access, the journals of that time, he may look in vain among the publications of the present day for satisfactory information on this subject. Of all the physiological works published and republished in this country, there is not one that furnishes the facts which will enable the student to judge for himself in regard to the most important doctrines of the nervous system. If he looks into Carpenter for the nerves of deglutition

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\* Transactions of the American Medical Association, vol. i., p. 174.

and of respiration, he is told by him that Dr. Reid has proved that the glossopharyngeal and the pharyngeal branches of the par vagum are respectively the sensitive and motor nerves of the former function, and that the superior and inferior laryngeal are in like manner the sensitive and motor nerves of the larynx; and he is obliged to hunt up the experiments in the *Edinburgh Medical and Surgical Journal*, before he can find out that Dr. Reid has proved no such thing. Again, being well aware that the experiments on the fifth, were those mainly relied on to prove the doctrine of Bell, the conclusions drawn from them being extended by analogy to the spinal nerves, he looks into Todd and Bowman, hoping to find a fair statement of the important points. There he is referred to Mayo's experiments as the most conclusive, and is told that division of the two superior branches "produces loss of sensibility without paralysis, *leaving only such an impairment* of the motor power as destruction of the sensitive nerves invariably produces, by impairing the power of exact adjustment, for which a high degree of sensibility is necessary." Now, why could not these gentlemen, instead of deciding for their readers, have furnished the means by which they might decide for themselves, whether a sensational power merely was lost, or a power of muscular contraction? If the alleged discovery of Bell is so magnificent an affair as it is pretended to be, surely no text book on the subject can be regarded as complete which does not afford to its readers the means of appreciating its truth. For myself, having been in the habit, whenever I have met with positive statements followed by such qualifications as is expressed in the italics above, of following them out to their ultimate grounds, and of finding them change their aspect entirely; I now have a sort of acquired instinct of suspecting, when one of them occurs, that "thereby hangs a tail," and suspend my acquiescence in the author's views accordingly. There are not less than four muscular parts, viz., the eyelids, the iris, the lips and the tongue, which receive branches from the so-called sensitive portion of the fifth nerve, whose motions cannot be consistently explained without supposing this nerve to be instrumental in effecting them. And there can be little doubt that if the experiments of Mayo could be interpreted without the aid of a foregone conclusion, they would prove the same thing. But whether they do or not, as one of your readers I should be obliged by seeing a fair statement of them.

B. H.

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#### LUNATIC ASYLUM AT GHENT.

THE traveller passing from Holland into Belgium observes a very marked change in the aspect of the country, the towns, and the domestic peculiarities of the people; which contrast is, upon the whole, not very favorable to the Dutch. He sees the ubiquitous



canals, the bowling-greenlike flatness, and the swampy meadows of the former, give place to neatly trimmed hedge-rows, wooded slopes, and well-tilled fields, covered with luxuriant crops, which have been cultivated with all the laborious attention usually bestowed on gardens. He exchanges clumsy Dutch churches for splendid cathedrals, which are the noblest monuments extant of mediæval Gothic architecture; whose exteriors exhibit, on window, tower, and portal, the most delicately executed devices of mason-craft; whose interiors are adorned by the alter-pieces of Rubens and Vandyke, and by the carvings in wood and marble of Verbruggen and Geerts. In domestic architecture, also, instead of the neat but formal dwellings of Holland, he finds, in every street, houses as picturesque as those which we see in the paintings of the old Flemish schools—with quaint projecting gables, high-peaked roofs, and richly sculptured windows—and in every town, municipal edifices and princely palaces of the most imposing and venerable appearance.

This is peculiarly true of the delightful old city of Ghent, whither I went, by way of Antwerp, after leaving Utrecht. My principal object in halting here was to visit the eminent psychologist, Prof. Guislain, and to see the lunatic asylum under his charge. There is a small university here, founded by William I., King of Holland, in 1826; but it need not detain us, as it is not of any very great repute as a medical school—in fact, the most celebrated of its teachers is Dr. Guislain. This physician is acknowledged to be one of the best modern authorities on insanity; his highly esteemed works are now regarded as standard treatises on this particular branch of medicine, possessing, as they do, three most important essentials for every medical author—acute observation, vigorous and logical thinking, and a clear, graphic style. His "*Leçons Orales*," in particular, are distinguished by their breadth of general conception, and their pleasant colloquial style—so that, in psychological literature, they hold a place somewhat analogous to that occupied by Graves's *Clinical Lectures* in general medicine. To my great disappointment, I did not see Professor Guislain, as he had been obliged at that time to leave Ghent for a few months, in order to recruit his health by a change of air and scene. His assistant, Dr. Ingels, who is the resident physician of the asylum, received me most courteously, and showed me the establishment in all its details.

The *Maison des Aliénés* stands in a pleasant open situation, a little way outside of the town, in the midst of waving corn-fields, and flanked by a long array of busy wind-mills. It is a large edifice, built of red and white bricks, after an elegant castellated design, only one story in height, and enclosing within its walls numerous courts and airing grounds. This institution is exclusively devoted to the treatment of male patients, of whom there were 292 at the time of my visit; but there is another asylum in the town, which is not so large or so handsome, but which is also under the direction

of Professor Guislain, where the inmates are solely females. The internal arrangements of this asylum are excellent; its corridors are lofty and clean; the dormitories are well lighted, cheerful apartments, which are kept fresh and healthy by an ingenious system of ventilation connected with the stove, by which a supply of fresh air is being constantly conveyed into the chamber, while, at the same time, the foul atmosphere is completely removed. The patients are arranged in the building according to their mental condition, being classified as (*a*) tranquil, (*b*) excited, and (*c*) more excited. The system of treatment adopted is that of rational kindness, with suitable mental occupation; and partial restraint, by means of camisoles and bandages, is occasionally resorted to in cases where it seems indispensably necessary. In this respect, the mode of treatment at Ghent is much superior to that which I afterward saw in some of the asylums of Germany. Amusements of several kinds are provided for the patients, such as music, theatricals, etc.; but dancing is not allowed, as Guislain considers that it is invariably followed by increased sexual excitation, which aggravates the mental condition of the sick.

The patients here are all *pauvres*, with the exception of about a dozen, who pay 500 francs (L.20 sterling) annually, and have better accommodation. The chief causes of insanity among the inmates are drunkenness and misery; but hereditary predisposition can be traced in about 37 per cent. of all the admissions. Guislain has observed that in men the hereditary predisposition is more frequently derived from the male parent, while in women it comes from the maternal side. Some curious statistics of this asylum show that the greatest proportion of cures occur at the beginning of summer and the end of autumn. Thus 3 per cent. of all the cures are effected in April, 1 per cent. in May and June, and 2 per cent. in October. Melancholia and mania are the forms of insanity which are most frequently found to be most amenable to treatment here, especially when the patients are between the ages of thirty and forty.

The staff of the asylum consists of a resident physician, Dr. Ingels, and Professor Guislain, the superintendent, who comes from Ghent every forenoon to make his visit. The attendants are chiefly *Frères de Charité*—a religious order which exists in Belgium in great numbers. They are clothed in a long, black, monkish garb, and devote themselves entirely to works of mercy, such as attendance on the sick, &c. An analogous order of females, called the *Béguines*, numbers fully 6000 sisters in Belgium. Dr. Ingels informed me that these *Frères* were found to be quite as efficient as the paid attendants; but such is not the opinion which hospital physicians generally entertain of the value of the services of these brothers and sisters of charity. At all the hospitals, such as those of Munich, Prague, &c., where they are in attendance upon the sick, the medical men consider them far inferior to the ordinary



paid servants for general intelligence, and would very gladly be without them.—DR. A. M. ADAM'S *Medical Notes from the Continent*, in *Edinburgh Medical Journal*.

### Bibliographical Notices.

*Selections from the favorite Prescriptions of living American Practitioners.* By HORACE GREEN, M.D., LL.D., &c. New York: Wiley & Halsted. 1858. 8vo. Pp. 206.

THE author of this work has been in the habit, for several years past, of asking of the various practitioners with whom he comes in contact, copies of those prescriptions which their experience has shown to be of real value. As the number whom he has thus consulted have equalled nearly one thousand annually, he has collected an immense quantity of formulæ, from which he has selected above two hundred and fifty for publication. We have examined most of these, and tried a few of them, and heartily recommend them all to the consideration of our brethren, believing that they contain many novel and useful combinations, and some of great value.

We could wish that Dr. Green had set the example of writing the formulæ in the English language, instead of the Latin. The latter is rarely used in this country for giving the directions to the apothecary, and in our opinion is unnecessary for expressing the names of the drugs. There is no longer an advantage in employing a foreign tongue in medicine, any more than in any other science. Above all, we deprecate those barbarous contractions which are so commonly employed in writing prescriptions, and which are still more out of place in a book of formulæ.

Our attention has been called by a correspondent to a number of errors in spelling. As this is a matter of some little importance, we quote the criticism entire; regretting, with him, that they should be allowed to deface a really good and useful book.

"This seems to be a valuable collection of useful recipes, and by many it will be hailed with peculiar satisfaction. I have a word to say of the writing of the prescriptions, so far as spelling is concerned. Open the work at page 194, and the eye falls on the word for camphor, written in the genitive case 'camphori' (R. 246), and also 'camphoræ' (R. 247). Open again at page 154, and the same word appears twice with the genitive in i (Rs. 187 & 8), and once with it in æ (R. 190). In all, I find this word written 'camphori' eight times, and 'camphoræ' six times. Is there any excuse for this? Do tell us where camphori is 'made.'

"Hyoscyamus is correctly written repeatedly, but three times it is written 'hyosciamus' (Rs. 114, 116 & 131).

"Sassafras (I suppose it must be), is abbreviated thus, 'sassif.' (R. 111).

"The recipe (No. 117) for Dr. John Ware's famous dinner pill has scammony spelled thus, 'scamman.'

"Nux vomica is in R. 154 'nucis vomici,' although in R. 42 the genitive is rightly in æ.

"'Zinziberis' occurs four times (R. 29, 31, 41 & 83): 'zinziber.'

once (R. 64); 'zinziberi' once (R. 113); 'zingiberi' twice (R. 174 & 208). As we find the word for ginger no where written correctly, we *guess* this zinziber means ginger; otherwise it is some new remedy not laid down in the authorities.

"Creasote is twice written 'creosotii' Rs. 219 & 220). We have seen nothing coming within two letters of this spelling.

"Guaiacum always did spell hard with us, and we feel a sympathy for any one who fails to get it quite right. Still, if it were going to be printed in a book, we would look after it closely.

"In R. 97 it is 'guiaci pulveris'; again, in R. 216, it is 'guiacaci pulv.'; verily the other *a* is here, but what a word!

"But this R. 216 is copied from Dewees on Females, and modernized pretty smartly. In the eighth edition the text is, 'R. Pulv. g. guaiac. opt., ℥iv.; carbon. sod. vel potas., ℥iss.; pulv. piment., ℥i.; alcohol. dilut., ℥bj. Digt. for a few days.' Dr. Green copies it thus: 'R. Guiacaci pulv., ℥iv.; sodæ carb., vel potass., ℥iss.; pimentæ pulv., ℥i.; alcohol. officin., Oi. Mascera.'

"I am aware that the 263 recipes in this volume are from a great variety of pens, but in this last instance I give, no one is concerned but the author. I am sure he will regret to observe even one error in so good a book, and one so elegantly got up. I have noticed these *little* things in a work from so high a source, lest men of letters should be allowed to infer that, even in the hands of the most 'distinguished,' medicine is a science of glorious uncertainty. F."

*The Uræmic Convulsions of Pregnancy, Parturition and Childbirth.*

By DR. CARL R. BRAUN, Professor of Midwifery, Vienna. Translated from the German, with Notes, by J. MATTHEWS DUNCAN, F.R.C.P.E., Lecturer on Midwifery, &c. New York: Samuel S. and William Wood. 1858. 12mo. Pp. 182.

THIS volume comprises a single chapter of Dr. Braun's new textbook of Midwifery, and was translated and published on account of the originality of the author's views on the subject of the cause of the convulsions of child-bed women. According to Dr. Braun, these convulsions are commonly caused by a change in the urea which has been retained in the blood, or by retention of excrementitious extractive matter of the urine. He does not deny, of course, that convulsions may not arise at this period from other causes—such as defective elimination of carbonic acid through the lungs, of bile from the blood, or from meningitis, encephalitis, apoplexy, and many others, but he maintains that the "eclampsia vera puerperalis" is, as a rule, found to be intimately connected with diabetes albuminosa; that is to say, convulsions which occur under other circumstances are not true puerperal convulsions.

After a full description of the symptoms of the convulsions, the author states that the fits are sometimes preceded by certain signs, as headache, vertigo, delirium, heat of skin, impairment of vision, tinnitus aurium, &c. &c., but the most constant phenomenon is œdema, chiefly of the ankles, feet and labia majora, but also in the face and hands. "Only those œdemata of pregnant women," however, "which exist contemporaneously with albumen, fibrin cylinders, and fatty degenerated scales of Bellini's epithelium in the urine, have a connection with uræmic eclampsia." The amount of albumen contained in the



urine is large, while the urea is diminished, or even altogether wanting. The uric acid is also ordinarily in small quantity. Fibrin cylinders are found in the sediment, except when the urine is alkaline.

With regard to the *cause* of the phenomena of uræmic intoxication, they do not arise, according to Dr. Braun, from the presence of urea in the blood merely, since filtered urine, injected into the veins of animals, has been tolerated without evil consequences. He adopts the views of Frerichs, that the convulsions arise from the transformation of the urea, accumulated in the blood, into carbonate of ammonia, under the influence of some peculiar ferment; but the cause of this fermentation is not, as yet, known.

We pass over much that is interesting and instructive in the volume, to glance at the subject of treatment. The prophylaxis, which is that applicable to Bright's disease, consists in nutritious diet, vegetable tonics and preparations of iron. Benzoic acid, lemon-juice or tartaric acid is recommended, to neutralize the carbonate of ammonia in the blood. The bowels must be carefully regulated. Diluents may be given to wash away the cylindrical clots, and when these are not sufficient, and uræmic intoxication is threatened, the mineral waters of Selters or Vichy (alkaline) are recommended. The induction of premature labor is advised when the symptoms are such that life is threatened. During the attack, the effects from "chloroform-narcotism" surpass all expectation. Ice should be applied to the head. The author is adverse to the abstraction of blood.

We have touched upon a few points only of this interesting book, which we strongly recommend to the perusal of every practitioner. We would say, in conclusion, that the translation is extremely well done, and that the notes of Dr. Duncan add materially to the value of the work.

The price of this edition is 75 cents, "free of postage."

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*The Animal Kingdom considered Anatomically, Physically and Philosophically.* By EMANUEL SWEDENBORG. Translated from the Latin by JAMES JOHN GARTH WILKINSON, M.R.C.L. Vols. I. and II. 8vo. Pp. 758.

THE name of Swedenborg is now a pretty familiar one, and, viewed as a mystic or spiritualist in theology, his doctrines, or what are considered so, are commented on freely. Yet his writings are read by few—scarcely, indeed, by any except those adopting his theological views, and to most even the scope and interest of these are but little known. With them, amounting now to more than thirty published octavo volumes, we have nothing to do. His scientific writings, as voluminous as his theological ones, exhibit a scope and depth of research, an amount of learning, a habit of patient investigation, of close observation and luminous ratiocination, which, in our opinion, rank him in the highest order of minds, and amongst the highest there. Receiving, at the outset, a fine education, for the first years of his life he devoted himself chiefly to mathematical and physical science, and a high appointment as Assessor of the College of Mines gave him every opportunity of pursuing his investigations of the latter to its most practical and mechanical results. His works on these subjects, published not only in Sweden but in Germany, amount to some eight folio volumes. His merits as a man of learning, and his actual

achievements as a practical man, were rewarded at an early age by a patent of nobility. A deep religious sentiment, extraordinary purity of character and great simplicity of life, equally distinguished him. At the age of 57, his theological views absorbed him greatly, and ten years after he resigned his office of Assessor that he might give himself up more unreservedly to them. His salary, however, was continued to him, and an advancement of rank and title offered, which latter, however, he declined. To study man in his highest form and spiritual relations, he felt he must first thoroughly acquaint himself with his subject in its lowest form and most outward bearings—a necessity which, we often wish, could be impressed upon the teachers of religion in the present day. This led him into investigations of which the work we have under consideration is one of the results. Too late in life to make dissections and experiments for himself, Swedenborg availed himself of the best treatises that Anatomy, and what there was then of Physiology, afforded him, and he certainly went to those to whom the highest rank is still accorded amongst the great naturalists of the last age. Heister, Winslow, Swammerdam, Malpighi and Boerhaave, are of the set he deeply studied, and who have furnished him with ample quotations on each subject he entertains. Giving extensive extracts from the descriptions furnished by these writers, he then proceeds to an analysis of the organs, premising, "The use or effect which produces the end, must be the first object of analytical inquiry. The nature of a member or organ is known from the use. The use determines what the organ is in itself or in its own form." This quotation will furnish a key to much that follows, and for which his translator claims so much for Swedenborg to the disparagement of all other physiologists, who, he asserts, have adopted synthesis as a sole means of elucidating the mysteries of physiology. The claim and the charge are both simply absurd. It is evident that neither means alone is sufficient for the purpose. The functions of some organs can be illustrated by one process, those of others by the other; but in dealing with most, we want alternately the use of both analysis and synthesis, and proof would be lacking without a corroboration of the one by the other. We cannot, of course, go into the details of this extensive work—wonderful in the amount of research it displays, and for the closeness of the reasoning, though upon data furnished by others. This latter often leads the author to inductions, the truth of which is now fully acknowledged, and to the assertion of the existence of processes and phenomena which never could have been witnessed by him, but which subsequent researches have shown beyond doubt. The most striking of these is that motion of the brain coincident with respiration—expanding at expiration, and sinking or contracting at inspiration. The first notice of this is attributed by Blumenbach, in his *Physiology*, to Schlitchting, who described it in 1744. But in the work before us, published in 1740, we find it mentioned several times as a phenomenon that must occur from the relation of the parts. As an offset to the closeness of reasoning so largely displayed, the work exhibits as largely a play of imagination which it is often difficult to follow, and gives many assertions resulting from this which more than a century of observation has failed to corroborate. As to the use of publishing the work, and of re-printing it in this country, we cannot see it. In its original Latin, it sufficed for the curious; in its English dress it can never serve the purposes of the



student in anatomy or physiology, and the general reader going to it for information would be soon hopelessly entangled in its intricacies of assertion and induction, if he were not sooner frightened and driven back by the mass of facts, often false, or at least speculative, so accumulated at every step in his pathway.

The "introductory" remarks by the translator (James John Garth Wilkinson) require a short notice. We must say that we have never seen a more thorough farrago of ignorance, wilful misrepresentation, impudence and self-contradiction than this same introduction. How a man could be admitted as a member of the Royal College of Surgeons, who shows so little knowledge of some familiar points as does J. J. G. W., we cannot understand. We thought at first that the American re-publishers had had the good sense to leave the "Introduction" out, but turning over the leaves we found it—why, we cannot tell—stuck in between the first and second volumes; possibly the best place, except the end, for such an "Introduction." W. E. C.

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*Journal of Practical Medicine and Surgery*, founded by LUCAS-CHAMPI-ONNIERE, M.D. Edited by H. CHAILLOU, M.D. American Edition, translated from the French, under the direction of the Editor, by D. MCCARTHY, M.D., and A. SPIERS, Ph.D. Published monthly, in Boston, by A. Williams & Co.

MESSRS. WILLIAMS & Co. have announced an English translation of this *Journal*, with the reputation of which, many of our readers, no doubt, are already familiar.

It is essentially practical, and especially valuable to its readers in presenting a summary of all the cases of importance which occur in the schools and hospitals of Paris, as well as those in private practice.

The Translators are both well known as eminent men; one as a physician of great distinction, the other as a professor and lexicographer. We cite a case from a recent number:

"A young lady, of 21 years of age, was seized, after exposure to damp cold, with sore throat and complete loss of voice. Under the influence of appropriate treatment, the angina soon ceased, but the aphonia persisted, with extreme pertinacity. The most energetic treatment, local cauterizations, the exhibition of steel, antispasmodics, strychnia, &c., were resorted to in vain. This state had lasted a year, when Dr. Philipeaux being called in, deemed it expedient to try electricity. For this purpose, he placed two humid conductors on the fore part of the neck, one above the thyroid gland, the other on a level with the crico-thyroid space; but after eight attempts he obtained no improvement. He then thought it advisable to suspend the use of electricity and to amend the constitution by the aid of steel and a stimulating regimen. The patient was sent into the mountains of Dauphiny, and returned in the month of August, in a satisfactory general state of health, but still affected with loss of voice. There had also been several nervous fits of a hysterical nature; electricity was then again resorted to. The conductors were placed, as previously, in front of the neck, and after eight attempts no result had been obtained; but Dr. Philipeaux, having inserted a conductor into the pharynx, in order to act on the recurrent laryngeal nerve and on the muscles of the larynx, while the second conductor was placed outside, on a level with the crico-thyroideus muscle; scarcely had the electric

current been established when the patient uttered a piercing cry, and was seized with a nervous fit, which lasted all the evening and a part of the night. On awaking, she recognized with joy that her voice was restored, and that she spoke with as much facility as before her illness, and the cure was a permanent one.

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*On Amputation by a Long and Short Rectangular Flap.* By THOMAS P. TEALE, F.L.S., F.R.C.S., Surgeon to the Leeds General Infirmary. London: John Churchill. 1858. 8vo. Pp. 72.

THE advantages which the author of this work considers to be derived from his method of amputating, is to secure a stump which will bear the pressure of the body without pain, since, "as a general rule, it may be stated that the circular and transfixion stumps are not able to bear even the lightest pressure on their extremity," owing chiefly, as he thinks, to the presence of nerves in that part of the tissues which is beneath the extremity of the bone, and which is usually adherent to it, and is the most tender part of the stump. Mr. Teale proposes to make a long flap, to fold over the end of the bone, and formed of parts generally devoid of bloodvessels and nerves, and a short flap containing these important structures. "The size of the long flap is determined by the circumference of the limb at the place of amputation, its length and breadth being each equal to half the circumference. The long flap is therefore a perfect square, and is long enough to fall easily over the end of the bone. In selecting the structures for its formation, such parts must be taken as do not contain the large bloodvessels and nerves." This flap will generally be taken from the anterior aspect of the limb, while the shorter one, containing the chief vessels and nerves, is from the posterior part, and is in length one fourth of the long flap.

This method of performing amputation has been employed in 56 cases, 7 of which proved fatal, or 1 in 8. Of the amputations of the thigh for disease, 3 out of 17 cases were fatal, or nearly in the proportion of 1 in 6, the mortality in the London hospitals being 1 in 4½. Of 27 amputations of the leg for disease, only one was fatal, the proportion of deaths in the London hospitals being 1 in 3½.

We commend this little work to the careful attention of the surgeon, believing that Mr. Teale's method of amputation is based upon sound reasoning, and that it has proved successful in practice.

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*A Course of Lectures on Obstetrics.* Delivered at St. Mary's Hospital, London, by WM. TYLER SMITH, M.D., M.R.C.L. With an Introductory Lecture on the History of the Art of Midwifery, and copious practical Annotations, by AUGUSTUS R. GARDNER, A.M., M.D., &c. Illustrated by 212 Engravings. 8vo. Pp. 780.

EVEN as far back as the days of the Preacher, he remarked "of the making of many books there is no end," and the experience of every day illustrates the truth of the remark—but we think it high time that there should be an end of it, and the book before us is one, nine-tenths of which might have remained unmade, without loss or harm to any one. The name of Dr. Tyler Smith is of itself a sufficient guarantee for the excellence of any thing he offers, and we do not doubt that the class to which these lectures were delivered was greatly instructed and benefited by them. Its members got their information from a first-



rate source—they had their choice, and they paid their money—but why should such a choice be offered to the public at large, when there already existed so many works on the same subject to choose from? It may be answered that Dr. Smith has certain individual and peculiar views. This we know, and have enjoyed the benefits and advantages of them as well as of numerous lucidly stated cases, in the pages of the journals of the day. Had he collected these, and given them to us in a moderate sized octavo—all full of new meat, we would not complain; but we do think it hard that, to get at what is new, we have to plod through more than seven hundred pages, chiefly aggregated of old stuff which we have gone over or through twenty times before. We feel tired of diagrammatic pelvises, having impossible foetid skulls set into them in every possible position. There was a novelty in them in Mauriceau's and old Smellie's book, but when the same series is drawn out before us in Merriman, Dewees, Clutterbuck, Davis, Ramsbotham, Churchill, &c., it becomes somewhat fatiguing. In sober earnest, it is no small thing of which we complain. When we saw Churchill's admirable book, we felt that students were supplied with a ne-plus-ultra manual for at least thirty years; for with that and Ramsbotham, every want seemed to be met; and we again repeat our regret that we have not what is really and purely of and from Dr. Tyler Smith, served up in an accessible and convenient form by itself. We have not seen the English copy of this work; of the getting up of the American, we have not much to say. The letter press is admirable, but the illustrations can scarcely be considered good specimens of wood cuts. In some it requires an old familiarity to make out the parts.

Were we to cite any particular excellence of the book at large, it would be the minute particulars into which Dr. Smith goes upon points that minds of less scope and of less practical tendency would call trifling. He seems to think—and very truly, in our estimation—that nothing is unimportant that will tend in the slightest degree to the success of his art and to the comfort and well being of his patient. This is as it should be. As with the physician, no act he is ever called on by his profession to perform, ignobles him; so no care or particularity which his patient's good requires, should belittle him. The proper trimming of a finger nail may enable him to save life—which we once saw risked by the operator having indulged in the habit of biting his close, and being unable to catch up a ligature. We are rather gratified at having commenced shaving with the left hand on the day we commenced the study of medicine. It has made us surgically ambidextrous. These things, small and simple as they are, students do not know intuitively, though the writings of many, so meagre are they in details, would lead one to suppose that they did, and much more too. We therefore commend highly Dr. Smith's minuteness, though he does not go as far as Dr. Dewees, whom we have seen make a bed before the class to show them how it was to be done. The chapter on puerperal fever we are glad to see sets forth, with all earnestness, the views which obtain amongst us here as regards its contagiousness, and the precautions which should be adopted by those encountering it and having other patients in charge. We find also that Dr. Smith estimates the tampon, in uterine hæmorrhage at a late period, as worthless or worse. This has always been our view of it, but we have had several times to discuss the matter in consultations

where much authority was urged against us. Cases occurring early in professional life taught us a lesson, which it would be hard to unlearn, as to the treacherous insecurity of the measure. We should mention that Dr. Gardner has fairly earned his title as "Editor" by the amount of faithfully prepared matter which he has added, and always appropriately. We have, however, views not peculiar upon this jump-up-behind method, but will not discuss them here. W. E. C.

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*A Treatise on Diseases of the Air Passages, &c. &c.* By HORACE GREEN, M.D., LL.D., &c. &c. Fourth Edition, revised and enlarged. With an Appendix. New York: Wiley & Halsted. 1858. Pp. 348.

This edition of Dr. Green's work—the fourth—is larger by several pages than the last—there having been occasion to add to the matter of the body of the book, and also to supply an Appendix, which sets forth certain of the opinions enunciated, by reliable authorities, upon the subject of topical medication of the larynx.

The direct medication of the air-passages is now a recognized and valuable means. We have lately referred to the use of nitrate of silver in croup, applied through the trachea-tube—and practitioners everywhere have long been familiar with the use of the sponge-probang. Many, also, have used the syringe to effect analogous intentions.

We think Dr. Green deserves all the credit he has acquired, for so perseveringly bringing the subject to the attention of the profession in this country. His assertions have also been alike contested, and appreciated, abroad. In former notices, we entered more into detail upon the subject. At present, we need only testify to the general good appearance of the volume, and chronicle its success in attaining to a fourth edition.

We cannot but remark—in passing—a continuance of that inaccuracy in the language of prescriptions, with which the author has, more than once, been charged—both in this work, and in his other, upon pharmaceutical preparations and magistral prescriptions.

To some this may appear a slight matter—and it is possible that hasty proof-reading may be credited with a portion of the errors. We think, however, that correctness and neatness in prescribing, and in writing or printing prescriptions, is very essential; and, in respect to proof-reading, it should always be deliberate and careful.

The volume is one of interest and value to the practitioner; and will doubtless meet with as ready a sale as it has in former editions.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 30, 1858.

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### "THE PURITY OF MEDICINES"—A VOICE FROM NEW ORLEANS.

THE *New Orleans Medical News and Hospital Gazette*, referring to certain remarks upon the above subject, in our issue of October 28th, takes us sharply to task for presuming to say that one medical journal had commented "with unnecessary harshness" upon certain late proceedings and "short-comings" of Messrs. Tilden & Co. We *did*



refer to the New Orleans journal—as it surmises—but certainly in no unkind spirit—and we are somewhat surprised at the tart tone which it has seen fit to use toward us in the matter. There is, to our mind, no special offence committed by expressing an opinion of the sort we did. Honestly believing that there is a great difference between severity and harshness, we thought the *News and Gazette* dealt with Tilden & Co. rather more in the spirit of the latter, than of the former. We are, moreover, always ready to exercise severity in rebuke, when it is demanded at our hands—as journalists—yet we desire always to choose our terms carefully. And not only in exposing a fault affecting our profession—whether committed by those in its ranks, or by others outside of them—do we intend thus to be careful of our language, but also in replying to the strictures of our editorial brethren, whenever we are so unfortunate as to incur them. With due deference, we do not think our New Orleans *confrère* was actuated by a similar feeling, when he prepared his rather lengthy article, founded upon our two or three words of what he is pleased to style “criticism.”

Whilst endeavoring to convey his idea of the “difference” between us and himself, he resorts to an illustration by the drowning process, &c.; thus—“If we drown a man in self-defence—that is, to keep him from drowning us—we would plunge him into deep and hot water; while our neighbor would gently roll him into shallow and milk-warm *molasses and water*.” Truly this is a somewhat singular manner of putting the question: we suppose it amounts to saying that our communication relative to Messrs. Tilden & Co. was too sweet and complacent—a sop thrown to Cerberus—or something of the sort. The term “neighbor” is also peculiar—since the *News and Gazette* does not allow itself to be near us in opinion, and certainly it is far off enough, actually. To drown a person, moreover, we think does not actually require “hot water”—and the suggestion is unpleasant—since we do not desire to be scalded, nor to be in “hot water” as the phrase is, with any of our brethren! “*Molasses and water*” would not have occurred to us as a liquid suffocating medium. Should we have occasion to employ it, we must, perforce, resort to some southern source of supply—since the only good samples of the first-named ingredient are derived from the warm latitudes.

Seriously, we do not see the great “difference” between the New Orleans journal and our own, after all. Our position is simply this: we condemned—as we think, with sufficient positiveness—the decidedly wrong action of Messrs. Tilden & Co. with regard to putting forth what they term an “improved” compound cathartic pill. We are as firm as ever in our condemnation of this course. With respect to other matters—such as the faulty preparation of their drugs—their deterioration, fermentation, &c., we gave fully as decided an opinion—but we said that we had had a personal interview with Mr. Tilden, and that he had assured us of certain forth-coming explanations, &c. In courtesy, then, we awaited these, and did not think ourselves called upon to go beyond our remarks as offered in this JOURNAL of the date of October 28th. We still think so; nor have we, as yet, any reason to suppose that Mr. Tilden will be false to his assertions then made.

The New Orleans journal also says—“We are sorry to find ourselves clashing with the Boston Journal on so important a subject as this, but that cannot be avoided, we suppose.” Now, we hold that we do

not "clash" at all. We are entirely of the opinion of the *News and Gazette*, as to abuses by pharmacutists—of whatever nature, grade, or extent, they may be—we have simply differed in our terms of expression; and the reason of the "difference" very possibly lies in the fact that we have had the advantage of a personal interview with Mr. Tilden, which the editors of the New Orleans journal, we conclude, have not had. If we are disappointed in our expectations, we may, possibly, have more to say.

In conclusion, we may, without offence, we hope, suggest to the New Orleans journal that its closing paragraph is not couched in the dignified and just language which should, and which usually does, characterize its editorial columns. When it tells us that we "must not pout," we would remind it that the days of our *childhood*, both as individuals and journalists, are past; and when it adds, that it is "ashamed to see" us "saying half a word for Messrs. Tilden & Co.," who, "with all their wealth and advertising influence, should be able to fight their own battles,"—we would simply say that we have undertaken no defence, whatever, of Tilden & Co., but have, on the contrary, condemned what we deemed reprehensible in their proceedings; whilst we have also chosen, in all fairness, to wait, and give *them* a chance to speak in their own defence, which they have intimated an intention of doing.

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#### A DECIMAL STANDARD OF WEIGHTS AND MEASURES.

THE importance of a more convenient system of weights and measures than that now in use in this and most other countries, has been long felt, and from time to time suggestions have been made relative to the introduction of a new one. Of course, the difficulties in the way of so desirable a change are immense, and, in the opinion of many, insuperable. It is desirable that if a new system is to be introduced by one country it should be adopted by others, and it is easy to see that it would be almost impossible to devise a standard which would be likely to be accepted by two or more nations. If, however, we abandon the idea of a universal system, it does not seem impossible, or even extremely difficult, to introduce a more convenient one in our own country. The matter has been before the American Pharmaceutical Association for a year or two past, and will undoubtedly, before long, be made the subject of consideration by the American Medical Association.

At the last meeting of the Pharmaceutical Association, Mr. John Meakim, of New York, submitted a supplementary report, in which he proposes the adoption of the French system, with the omission of certain parts. Their weights consist of the milligramme, the centigramme, the decigramme, the gramme, the decagramme, the hectogramme, the kilogramme and the myriagramme, which are decimal multiples of each other. One obvious objection to this system consists in its nomenclature, which, besides being unfamiliar and unattractive, is liable to ambiguity, on account of the similarity between the words decigramme and decagramme. To obviate the latter objection, and for the sake of simplicity, Mr. Meakim proposes to use only the alternate weights, and to employ their initial letters, to represent them: thus, C. G. would stand for centigramme, G. for gramme, H. G. for hectogramme, and M. G. for myriagramme. The minimum weight



is equal to about one sixth of a grain, the gramme to about  $15\frac{1}{2}$  grains, and the maximum weight about  $22\frac{1}{2}$  pounds avoirdupois.

The French system possesses two advantages over all others: its standard is invariable, and its divisions are all decimal. In introducing it into this country there would be the great advantage of having it already made, instead of having to construct a new one. It could go into operation at once, as soon as a sufficient quantity of weights could be ordered from France. In the event of its adoption, we would recommend that it be even more simplified than Mr. Meakim proposes. Why use more terms than gramme and centigramme? These words correspond to *dollars* and *cents*, and we never hear of any other denomination in our currency, either in trade or in the keeping of accounts; dimes and eagles are practically ignored. It is as easy to say "a thousand grammes" as "a thousand dollars."

Mr. Meakim is in favor of abrogating altogether the use of measures of capacity among apothecaries, for various reasons—the measure of liquids varies according to temperature; it also requires considerable addition to show an appreciable increase, and hence costly liquids must always be estimated by weight; and viscid fluids require much time in their transfer from vessels of capacity. These reasons do not seem to us to have much weight, and the great convenience and saving of time gained by the employment of liquid measures, in the majority of cases, will probably cause them to be always retained. If the French measures should be adopted, Mr. Meakim recommends that a selection should be made, as in the case of the weights; retaining the centilitre, equal to about  $2\frac{1}{2}$  fluid drachms; the litre, which is about two pints; the hectolitre, about 26 gallons.

In many scientific works in England, and also in this country, the French weights and measures are employed, and it seems probable that they will henceforward be very generally adopted in treatises on chemistry and physics. It is not easy to imagine a system which offers more advantages, on the whole, and we should be warmly in favor of their adoption. But we are aware that a vast amount of prejudice must be overcome before it or any other system can be introduced into America. It must be made the subject of careful deliberation on the part of scientific men and of Congress. We wonder that so important a change should not have been earlier and more generally contemplated.

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*Strychnia in the Adulteration of Alcoholic Liquors.*—Dr. HENRI ERNI, in an article in the *Peninsular and Independent Medical Journal*, denies that strychnia is ever used for the adulteration of alcoholic liquors; 1st, because it would be detected by its intensely bitter taste, which is evident when dissolved in seven hundred thousand parts of water; 2d, because of its high cost; 3d, because it is a most dangerous poison, and one which, unlike most organic poisons, can be readily detected by chemical tests. With regard to malt liquors, Dr. Erni states that this poison cannot be introduced into them together with hops, since the tannic acid, which these always contain, precipitates strychnia completely, in the form of an insoluble compound. As a substitute for hops, it would be much less likely to be employed than aloes and many other bitter drugs, on account of its high price.

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Dr. David Uhl, of New York, of "Cunningham" notoriety, died lately in Bolivar, Venezuela.

*M. Cloquet's Resignation.*—This well-known professor of surgery, at the Faculty of Medicine of Paris, has just resigned his post, on account of failing health. The Emperor, wishing to prove how highly the long services of M. Cloquet are appreciated, has appointed him honorary professor, with all the privileges attached to the office.

Much excitement exists among the surgical world of Paris, as the chair of surgery of the Faculty is declared vacant. That of anatomy will also have to be filled, and it may be foretold that the candidates for both will be very numerous. The faculty have the privilege of presenting to the Government a list, from which the professor is chosen. Formerly, these chairs were open to competition.—*London Lancet*.

*Fetching the Doctor.*—A few days ago, says a Munich letter, a female fainted in one of the streets of this city. An elderly gentleman, who approached the spot where she was lying, requested some of the persons present to go and fetch a medical man. They all replied that they knew not where to find one. "Well, then," he said, "I will go myself." And in a few minutes he returned with a doctor, who applied the proper remedies. The kind-hearted old gentleman was King Louis, of Bavaria.—*Ib.*

*The Corsican Brothers.*—"I once," says M. Trousseau, "had two brothers for clients, who were twins, very rich, and both directors of *maisons de jeux celebres*. They were so like each other, that I did not know them apart. But more than this, they had a remarkable pathological similitude. Thus, one of them whom I saw at Nesthermes, suffering from a rheumatic ophthalmia, said to me, 'My brother at this moment must have an ophthalmia like mine.' And as I dissented to this, he two days afterwards showed me a letter from his brother, who wrote: 'I have my ophthalmia, thou must also have thine.' However singular this may appear, it is perfectly true; I have witnessed similar facts. These twins were also both frightfully asthmatic."—*Am. Druggists' Circular*.

*The Archbishop of Vienna and Anatomical Dissections.*—It would appear that this worthy prelate's brain is a little out of order; for he has just enacted that all persons dying in hospitals or other benevolent institutions, should be buried without any post-mortem examination. The consequence has been that for the last fortnight one body only could be procured for the requirements of the vast medical school. Joseph II. had authorized the dissection of the bodies of individuals who died in public establishments, but the archbishop has set aside the Emperor's decree.—*Ib.*

Dr. AURELIUS HARLAND, a well-known English surgeon, long resident at Hong Kong, died in that city, Sept. 12th. He had resided at Hong Kong for 14 years, and gave much time to the study of Chinese medicine and physiology; was well acquainted with the Chinese language, and contributed sundry valuable papers on China to the archives of the Asiatic Society.

*Health of the City.*—The most striking feature of the mortality during the last two weeks is the excess of deaths of males over those of females. Thus, for the week ending Dec. 18th, the number of males who died was 33, of females 19. For the last week, the number of males was 40, of females 23. The mortality of the last week corresponds pretty exactly with that of the corresponding week of 1857, when the total number of deaths was 62—from consumption, 10; from pneumonia, 6; from croup, 4.

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MARRIED.—At Warrensburgh, N. Y., Dec. 14th, John W. Dowling, M.D., of New York city, to Miss Minerva Russell, of the former place.

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DIED.—In Chicago, Ill., Nov. 6th, Dr. George Bartlett Foster, formerly of Roxbury, Mass., 33.

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*Deaths in Boston* for the week ending Saturday noon, December 25th, 63. Males, 40—Females, 23.—Accident, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—cancer of the shoulder, 1—burns, 2—consumption, 18—convulsions, 4—cholera infantum, 1—croup, 3—diarrhoea, 1—dropsy, 1—infantile diseases, 4—epilepsy, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 2—hemorrhage of the lungs, 1—influenza, 1—intemperance, 1—inflammation of the lungs, 5—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—sore throat, 1—teething, 4—unknown, 1—whooping cough, 1.

Under 5 years, 26—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 3. Born in the United States, 41—Ireland, 18—other places, 4.



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## REPORT OF THREE CASES OF MEMBRANOUS CROUP.

[Read before the Boston Society for Medical Improvement, December, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY G. CLARK, M.D.

CASE I.—Oct. 27th, W. W., a stout healthy boy, 7 1-2 years of age, after exposure to wet and cold, was attacked with angina and slight feverishness, which subsided the next day, leaving only a little hoarseness. Early on the morning of the 30th, the cough of croup appeared, and during the forenoon was followed by obstructed respiration. Dr. E. D. G. Palmer, whose patient he was, first saw him on the morning of the 31st, when all the previously existing symptoms had increased, and an abundant deposit of false membrane was observed about the palate and tonsils. He applied a wash of nitrate of silver to the throat, prescribed some powders of ipecac and opium, and directed the vapor of hot water to be kept constantly in the apartment.

I visited him at 9 P. M. of the same day, at the request of Dr. Palmer, at which time the appearances were so alarming, that at first sight tracheotomy apparently offered the only means of saving him from immediate suffocation. He was purple, agitated, with a rapid pulse, a moist and cool skin, dilated nostrils, and much dragging of the larynx at each attempted respiration. There was aphonia, scarcely any cough, and the respiratory murmur was hardly perceptible in either lung. Lymph was still visible on both tonsils and about the epiglottis. It was decided, after preparing to operate, and before proceeding to do so, to make a thorough trial of the effect of the introduction of a solution of the nitrate of silver, with the probang, into the larynx, and then to go on at once with the operation, if he was not essentially relieved by the sponging.

He was firmly held, the head of a good sized clothes-pin placed as a gag between the back teeth of the left side, and the sponge, guided by the fore-finger of the left hand, fairly passed into and

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through the larynx. It came out loaded with false membrane. The immediate and violently spasmodic effects of the proceeding having been moderated by the inhalation of ether, the relief of all the symptoms was so decided as to render any further active interference for the present unnecessary. An hour later, he was breathing more easily, with some flapping of the membrane, a stronger and more effective cough, and an occasional expectoration of bits of membrane. He was ordered brandy and water and beef-tea, *ad libitum*, and permitted to take any other light food which he chose. The quantity of brandy taken for the next twenty-four hours was something over a pint, or about one ounce every hour and a half. The Dover's powders and the steam were continued for three days. He continued to improve slowly, and was about the room, feeling pretty well, in ten days.

CASE II.—Nov. 15th, I saw in Cambridge street, by invitation of Dr. George Bartlett, a delicate little girl, two years of age, with well-developed croup, of an entirely distinct character, but of rather moderate intensity. The lymph was apparent about the fauces, the breathing was stridulous, and the cough dry. The treatment consisted of the local use of the nitrate of silver, Dover's powder, steam, &c., and wine-whey. The child made a good recovery.

CASE III.—Nov. 25th, W. G., a very healthy boy, two years and four months old, who had two days before arrived in a neighboring town from Michigan, was taken ill with sore throat and hoarseness. On the Sunday following, the 28th, early, he began to have a noisy, croupy cough, and, the next midnight, had croupy breathing. Previously to my being called to see him, the next noon, he had got an emetic with temporary relief, had his throat sponged with caustic, and was placed in an atmosphere charged with steam. The tonsils, and indeed the whole of the parts about the entrance to the larynx, were heavily coated with the diphtheritic effusion. The breathing was dry, stridulous and labored, but the voice was pretty good, especially after a paroxysm of coughing.

His throat was thoroughly sponged with the solution of the nitrate of silver (40 grs. to one oz. of water), and he was directed two grains of Dover's powder every two hours; the steam to be continued and the temperature of the room maintained at from 72° to 74°. Brandy and water, and liquid nourishment, freely.

Dec. 1st, 9 A. M. All the symptoms aggravated. Pulse from 140 to 150; respirations 50 in the minute, with an occasional flapping sound, especially during cough; color and complexion pretty good. Patient had made frequent and ineffectual attempts at micturition. When passed, the urine was very small in quantity, and cloudy. It had not been preserved.

At this visit, a solution of the nitrate of silver was injected quite into the larynx, with the Warren syringe. This was followed by an alarming suffocative struggle, but with occasional, appa-



rent, partial dislodgement of the matter blockading the air-passages, affording some relief to the voice and respiration, but with great exhaustion of the strength.

In the evening his appearance was much worse, and he seemed to be sinking. Pulse 160 to 170. Respirations at least 60, and very little air making its way into the chest.

It being apparent that tracheotomy offered the only hope, even of prolonging life, and Drs. G. H. Gay, and Moses Clarke of Cambridge, concurring with me, the operation was at once proceeded with. The little patient was much alarmed, and struggled violently during the attempt to etherize him, and altogether seemed in such immediate and imminent danger from his efforts alone, that I went on without having him so quiet as would have been agreeable. No blood of any consequence was lost, the veins overlying the trachea being carefully drawn aside. The rush of air into and out of the trachea, upon its penetration, resembled that of an overcharged and leaking champagne bottle. The incision was kept patent by the dilator, until the breathing became a little quiet, when the double canula was inserted and fixed in its place, to the complete and instant relief of all the symptoms.

The little fellow was much exhausted, but soon rallied, and took his brandy and water with great satisfaction. The pulse fell to 140, and he soon went off into a quiet sleep. On examination with the ear, the air was found to be pouring freely, with some râles, to all parts of the lungs. Respirations 56.

Dec. 2d.—The patient has had a good night. Pulse 136. Respirations 45 to 50. The inner canula has been several times removed and cleansed, and a solution of the nitrate of silver poured through it into the trachea. Treatment to be continued.

Nine, P. M.—Patient had, this evening, an eruption on various parts of the body, closely resembling that of commencing scarlatina, of which, however, there are no other symptoms.

3d.—Patient had been rather restless, and annoyed by the itching of the eruption, which is to-day very bright, and extends over the whole body. His breathing and other symptoms improved. Pulse 130. Respirations 44.

From this time he gradually improved until Dec. 8th, when both canulæ were removed. He had quite an uncomfortable paroxysm of coughing and crying, but in the course of an hour had recovered his voice very well. His breathing, however, was not quite satisfactory, and on the evening of the 11th, it being considerably obstructed, the tubes were again replaced.

13th.—He is, to-day, apparently quite convalescent—eating, breathing and sleeping well, and playing about his chamber. Pulse 120. Tongue and throat clean.

Dr. Bacon was kind enough to examine the first urine I was able to obtain for that purpose, and he reports to me “no albumen.” Very possibly it might have been found at an earlier period. The

eruption disappeared in about forty-eight hours, and I suppose may be accounted for by the natural reaction of the skin, after so long-continued local asphyxia. Possibly the ether may have had something to do with it. Dr. John Ware saw the patient twice at this period, and expressed the same opinion as to its nature.

In each of these cases, as well as in several others which I have had, I am sure that the administration of stimulants and nourishment has had a most favorable influence in rallying and preserving the flagging vital forces, and I should never omit to direct them.

## OSTEO-SARCOMA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Although cases of malignant and semi-malignant tumors of the bones are not very common, yet they are not so uncommon but that almost every practitioner will have more or less to do with them, in the course of his practice. I have thought that such cases were more often the subjects of error in diagnosis and prognosis, than more common diseases. Let a large joint get diseased, and many practitioners will be on the look-out for *white swelling*, or abscess—forgetful that there is such a thing as a tumor of the bone. The following cases, which came under my own observation, are in keeping with the above remarks.

CASE I.—Miss Charity Paine, of Orwell, aged 34, in March, 1856, injured the knee-joint by falling upon the sharp corner of a block, and some soreness and inflammation followed. In July following, a swelling appeared at the point of injury, on the head of the tibia—for a while circumscribed, and of an elastic springy feel. It was treated by a quack for “white swelling,” and in due time general inflammation of the joint set in, with much swelling, stiffness and œdema of the foot and leg. I saw it first in December, when, in addition to the above symptoms, it was of a deep-red or purplish hue, and had that peculiar elastic feel, so like the fluctuation which attends an abscess. The pain was severe, especially at night, the patient was somewhat emaciated, and had cough and some incipient hectic symptoms. I recommended moderate cupping, blistering followed by iodine, and mercurial plasters to the joint, with tonics and anodynes.

Slight apparent benefit followed this plan of treatment for a few weeks, but it was not lasting. The sense of fluctuation became so marked, that on the 8th of January, 1857, an exploring puncture was made, to let out the fluid. Nothing escaped but blood and serum. The rough bone could be felt by the probe, and as the general health was failing, amputation was advised, but not consented to by the patient for two weeks, during which time a large bleeding fungus had protruded, and the patient was reduced to the verge of the grave by pain and loss of blood.



On the 22d of January, assisted by Dr. Howe and others, I amputated the limb at the middle of the thigh. Eleven vessels had to be ligated. Convalescence was established in about three weeks, with no unfavorable symptoms save a severe cough, with expectoration, which continued for two weeks or more. Only a brief examination of the joint was allowed, on account of the pain which the patient imagined it gave her. The tumor was composed of a fungous mass, which assumed, near the bone, a brain-like consistence and color. The cancellated portion of the head of the tibia was broken down, and mingled with the fungous mass, and the finger could easily be passed nearly through the bone. The cartilages of the joint were entire, though much thickened, and the other structures of the joint showed signs of severe inflammation.

CASE II.—W. McLaughlin, of Cherry Valley, a strong healthy blacksmith, aged 30, had had, for many months, a partial ankylosis of the knee-joint. Some time during the past summer, the joint was violently flexed in a scuffle, and inflammation supervened. In a few days a small elastic tumor was observed on the head of the tibia, near the insertion of the sartorius muscle. It grew rapidly, and was quite painful; and in six weeks it appeared like a huge boil. The sense of fluctuation was so marked, that the attending physician thrust in a lancet to let out the pus. Nothing came but blood. I saw it first, on the 10th of August, when the tumor was about as large as a child's head at birth, and the foot and leg were quite cedematous. The whole joint was also much inflamed, swollen and immovable. The general health was much impaired, and amputation was advised; but, as in the former case, the patient did not consent for several days.

On the 20th of August, all the unfavorable symptoms having rapidly increased, the limb was amputated at the middle of the thigh, by Dr. Dudley Allen, of Kinsmans. Convalescence was rapid and complete. The tumor was dissected out, and proved to be perfectly circumscribed. It had a gelatinous appearance externally, and internally a brain-like appearance and consistence, and extended nearly through the head of the tibia, occupying the whole space of the cancellated portion. The cartilages and synovial membranes were but little affected.

CASE III.—Martin Myers, of Mesopotamia, aged 14, injured his knee in the spring of 1858, and had some trouble with it for several weeks, such as soreness and stiffness of the joint, and some pain. It was treated by domestic remedies for rheumatism, to very little purpose. The joint became inflamed and much swollen, the centre of the swelling being a little above the joint.

I saw it first, on the 20th of July, in consultation with Dr. Wilcox, the attending physician, and found it as above described. The symptoms of inflammation were quite prominent, and the patient was laboring under a degree of inflammatory fever. I recommended the antiphlogistic regimen, and perfect rest for the joint, which

seemed to arrest the disease for a time. The case eventually passed into the hands of a notorious quack, and, by means of heating applications, the joint became more inflamed and enormously enlarged.

I saw it the second time on the 17th of September, having been summoned in haste to amputate. I found the patient very much emaciated, with cough and hectic. Pulse 140. He was very anxious to have the leg removed as soon as possible. The knee-joint measured 27 inches in circumference, and the whole of the thigh was very much larger than the sound one—at least three times as large.

I amputated this limb by the circular incision, at about two inches below the trochanters. The skin was incised about an inch and a half lower. The recovery in this case was slow, on account of the cough and expectoration. The stump is entirely healed at this date (Dec. 10th), and the cough is better. The patient is able to ride out.

I expected trouble in this case, on account of the shortness of the flaps; and in truth, the bones showed a disposition to protrude. To obviate this, I adopted the following plan, which may possibly be new to some of your readers. I bent a piece of hoop in the shape of the letter U, so that it would fit over the end of the stump, and allow one end to rest against the great trochanter and the other against the pubis. A broad piece of adhesive plaster was put on over the end of the stump, and a piece of tape passed under it with which to make extension. The U shaped hoop was fastened to its place with a roller bandage, and the tape tied securely to it, so as to draw the integument well down over the end of the bone.

I was unable to be present at the examination of this joint, but learned that the main disease was on the lower part of the femur, in the spongy portion. The bone, which is now in the possession of Professor Hamilton, of Buffalo, is diseased at the point of section, though a very little sound bone was removed. The internal condyle is consumed for about three inches, and the external about one inch. The shaft of the bone is of a light ash color, and it is lighter and more porous than ordinary healthy bone. The swelling which surrounded the bone was composed of a gelatinous mass, mixed with blood and spicula of bone.

None of the above cases were materially benefited by the treatment which was adopted.

W. M. EAMES.

*Orwell, Ohio, December, 1858.*



## TUBERCULOSIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The attention of the profession has of late been directed, by Dr. Churchill, to the consideration of the hypophosphites in the treatment of phthisis. Favorable accounts are being almost daily received, amounting, in some instances in private practice, to positive eulogy. Thus far, however, it would appear that the attention of the profession has been more especially confined to its use in the treatment of tubercular consumption; whereas a correct process of reasoning, as well as analogy, would seem to indicate that the remedy was equally adapted to the treatment of *tuberculosis*.

I believe it generally obtains, especially among the majority of practitioners, that phthisis is a *specific* disease; by which I mean that the lungs, by their structure and office, are *specially* liable to tubercular degeneration, while other portions of the system are partially, if not wholly, exempt from such a tendency. A reference, however, to prominent authority, would do much to correct this erroneous impression. It has been demonstrated beyond a doubt, that the membranes of the brain, as well as the brain itself, the pericardium, pleura, peritoneum, mesentery, bowels, bones, &c. &c., may severally become the seat of tubercle.

Such being facts, may we not frequently meet cases presenting symptoms indicative of chronic pleuritis, chronic peritonitis, hydrocephalus, chronic pericarditis, necrosis, &c., whose exciting cause is tubercle? Under these circumstances, the treatment usually adapted to chronic inflammation, either primary, or as a continuation of the acute form, would necessarily be attended by but little if any relief.

I believe analysis has established the fact that tubercular matter, whether found in the lungs or elsewhere, is identical in its component parts. Hence it is proper to infer that the same exciting cause may develop the disease, allowing, at the same time, to a peculiar idiosyncrasy of constitution the power to determine its location.

The hypophosphites have already gained much notoriety as specific remedies in the treatment of phthisis. May they not be extended so as to embrace the whole class of tubercular affections within the sphere of their remedial action, and with a similar therapeutic effect?

A. GUIWITS, M.D.

*Salisbury Centre, N. Y.*

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

OCT. 11th.—*Disease of the Heart in consequence of violent exertion in Running.*—Dr. BOWDITCH reported the case.

C. N., aged 16, male, student, reports that six years ago he was induced to run very fast, in order to arrive at the railroad station by the time the train should arrive. Whilst making this effort, he suddenly felt very ill, and stepped from the track, along which he was running, and fell, unconscious. He remained in this state for some minutes, and ever since he has been liable to similar attacks, occurring at irregular intervals, whenever he runs, or is excited. They are accompanied by palpitation. In ascending heights, also, they are liable to occur unless great care is taken. If he walks fast, he has pain in the cardiac region. He never has had violent orthopnœa at night. The extremities are liable to be cold, but are never œdematous. The digestive system well, excepting a little diarrhœa during the past summer. When at Dr. B.'s office, he looks like a stout, rosy-cheeked little boy, of bright mind. Pulse 86, strong and regular. No great dyspnœa. Has headache most of the time—six days out of seven. Accesses occur whenever he is not careful to avoid exciting causes, and in consequence of his care they have been less than during the past two years.

On examination, the heart presents twice the usual extent of dullness. A strong rasping, aortic murmur is heard over the aortic valves and above them. The respiratory murmur is obscure in the left breast, owing to the size of the heart, but otherwise is normal.

The evident diagnosis was an enormous hypertrophy of the heart, with aortic valvular disease and probable dilatation of the main trunk of the aorta.

Dr. Bowditch said that he had met with several such cases, in which, after a long and fatiguing race, dyspnœa had immediately supervened. Similar effects have been induced by extraordinary exertions in rowing. Writers on the heart had noticed the same effect. Dr. B. thought it incumbent on physicians to caution youths not to over exert themselves in boat-racing, to which the present tendency of fashion seems to lead. Dr. B. believed that in these cases, owing to the inordinate action of the heart, a partial rupture of the valves takes place. This causes the immediate dyspnœa and palpitation, and gradual hypertrophy.

Dr. JACKSON suggested that in these cases there might be rupture of the chordæ tendineæ as well as of the valves.

NOV. 8th.—*Communicability of Secondary Syphilis.* Dr. W. E. TOWNSEND made further mention of the case reported by him in January last; that of a woman who, two years previously, had a venereal ulcer on the breast, followed by secondary syphilis, this being caused by the secretions from the nose of a child which she was nursing, dropping on a scratch at that place.

At that time some gentlemen expressed a doubt as to the character of this ulcer, thinking the probabilities were against its being of a syphilitic nature.

Two years and a half afterward, in August of this year, the same



woman was confined at her full time; the child at first looked well, but in the course of four weeks bullæ appeared on its ankles and feet, followed by inflammation of the mucous membrane of the nose and mouth, filling up those passages and obstructing the passage of air and nutriment, in consequence of which it died within six weeks of its birth.

This child died, undoubtedly, of hereditary syphilis, derived from its mother. The previous children of these parents have been, and are now, stout and healthy, and the father, to the best of Dr. T.'s knowledge and belief, never had any syphilitic disease. Similar cases have lately been reported by Langston Parker, Esq., in his lectures on Infantile Syphilis, in the *Lancet* for August, 1858.

Dr. COALE alluded to a similar case, reported in the *Medical Times and Gazette*.

Dr. Townsend said he regarded the question as to the communicability of secondary syphilis a very important one, as bearing on marriage, the physician being often asked as to its advisability, when the husband had had primary disease.

Dr. PUTNAM alluded to a case in which a patient who had had syphilis, had supposed himself cured before marriage; his wife gave birth to a child at seven months. There was no question as to the nature of the cause.

Dr. ABBOT mentioned the opinion of Trousseau, that when the disease had once existed, there is no security against its re-appearance in the offspring. Several cases are on record where the disease is thus entailed. That there is no certainty as to its re-appearance is evident from another case mentioned by Trousseau, in which the patient, a cavalry officer, who had had syphilis several times, and was married, had children who exhibited no trace of the disease.

Dr. HAYWARD, Jr., in connection, reported the following case as tending to confirm the theory of the communicability of secondary syphilis.

In describing this case, the two first letters of the alphabet are used to indicate the ladies referred to, but with no reference, of course, to their real names.

December 17th, 1856.—Mrs. A. was confined in the country; she soon had fissures in the left nipple, and, her own baby not being strong enough to draw the breast well, she borrowed one nine weeks old from a poor family in the neighborhood. This child nursed her four times; the fissures in a few days became sores, and extended until they involved the whole nipple. During the first week in April, a dark red eruption appeared all over her body, arms and limbs; this gradually assumed a copper color, and continued to spread until, by June, it involved the whole face. The infant had a similar eruption appearing about the same time.

July 18th, 1857.—Mrs. B., the mother of the above-mentioned patient, came to Boston to consult Dr. Hayward, concerning her daughter and grandchild, and, finding he had gone to Europe, she called upon Dr. Hayward, Jr., for advice. From the statement of the case given above, which she then made; from the fact that the infant who nursed Mrs. A. died in about two weeks after she was taken sick, covered with an eruption, and (as she expressed it) "rotten" with what the child's father said was smallpox; and from the circumstance that the child's father refused to allow any physician to attend upon

his child, Dr. H. came to the conclusion that Mrs. A. and her infant were suffering from syphilis, and requested to have them brought to Boston that he might see them before prescribing. Mrs. B. said that her daughter was so mortified at her appearance, her whole face being covered with the eruption, that she positively refused to travel in any public conveyance. Dr. H. therefore prescribed for her hydriodate of potassa and decoction of sarsaparilla internally, and black wash, composed of a drachm of calomel to eight ounces of lime water, externally; the infant to drink the sarsaparilla, and have the black wash applied.

Aug. 14th.—Mrs. B. called again and reported her daughter and grandchild as much better, the eruption very much diminished; she was directed to continue the same treatment. Mrs. B. at that time supposed herself well.

Sept. 11th.—Dr. H. was sent for to see Mrs. A., who had come to Boston. She had, at that time, extensive traces of the copper-colored eruption on her face, and on various parts of her body, but this was dull except when exposed to changes of temperature, and Mrs. A. said that it was steadily fading away. She complained of much suffering in the left eye, and, on examination, it was found that she had a severe attack of iritis; the attack began in the right eye, and shifted to the left one. She had taken the hydriodate of potassa and sarsaparilla up to that time. She was then ordered to take a pill composed of one grain of calomel and one third of a grain of opium three times daily, till the gums were slightly affected, and the mercurial action was kept up moderately for several days longer. Under this treatment the iritis speedily improved, and when she left town, Sept. 25th. the eye was very much better, and it is believed that she has had no trouble with it since.

On the first or second visit to Mrs. A., at this time, Mrs. B. requested an examination of her throat, which she said was sore. Dr. H. examined it and found, to his surprise, that it presented every appearance of syphilitic sore throat. On questioning her, it was found that she had had the entire care of the sores on her daughter's breast, and had sometimes washed cloths which came from them, but that although she had had little cracks about her fingers repeatedly, she had never had any sores on her hands or arms until about two months and a half before this time. At that time, being about the middle or latter part of June, when the baby was six months old, Mrs. B. held it while the physician lanced an abscess on the right side of its neck; this discharged freely a greenish-colored matter, which ran over her left hand and wrist. On the back of the wrist the skin was broken at the time, and in about a fortnight after the abscess was opened, a sore resembling a common boil was formed upon the back of the wrist where the abrasion had been. This suppurated, but, when it discharged, Mrs. B. noticed that there was no core to it, as in the case of a common boil; and, moreover, that the matter discharged from it was of a greenish color and resembled that which came from the infant's abscess. This sore on the back of the left wrist was followed by red and copper-colored spots, similar to those which Mrs. A. had had, and finally by sore throat. The sore throat yielded to fumigations of cinnabar and applications of nitrate of silver, and when that was well, she was ordered hydriodate of potassa and decoction of sarsaparilla, under which the copper-colored eruption slowly improved, though she has been at



times troubled with it since, and is not quite free from it now. Dr. H. thinks that there was no loss of hair in Mrs. A.'s case, and is positive that there was none in Mrs. B.'s, except where the eruption was upon the scalp. In the course of the treatment, he saw and conversed freely with both Mr. A. and Mr. B., and from their appearance and characters, and that of their wives, firmly believed that all this disease, misery and mortification arose from suckling a diseased child upon a fissured nipple. With this conviction, he remarked that it seemed to him of the utmost consequence, 1st, that before allowing any strange child to nurse a woman, the family physician should be consulted, which was not done in this case; and 2dly, that every physician should carefully examine the state of a child's health, and also inquire, as far as he is able to do so, into the character and health of its parents, before he allows it to nurse his patient.

Dr. Townsend here briefly alluded to another case. Mrs. K., seven months after marriage, had a stillborn child. Two years after marriage, she had a second, likewise stillborn. Three years after, she had a third at full term, which lived for eight months, during five of which it had well-marked infantile syphilis. Four years after, she had a fourth, which has never been ill, but is still a feeble child, though its mother has always been, and is now, a hearty, robust woman.

About a year before marriage, her husband had syphilis, and was attended by a physician of this city, having a large experience in such cases. He supposed himself entirely cured, and presented no appearance of disease.

Dr. H. J. BIGELOW had expressed doubt as to the nature of the ulceration spoken of, and had perhaps been alluded to by Dr. Townsend. Without at all denying the possibility of the venereal lesion and specific secondary contagion in this case, he had felt the evidence of it insufficient to justify his own belief in it. The additional evidence now presented is, that a second child, born two years and a half after the first, presents, in four weeks, bullæ on the feet and "inflammation" of the buccal and nasal mucous membrane. These symptoms, if specific (which is not certain), must have been hereditary at this late period; and this fact of inheritance is adduced as evidence of the protracted existence of the lesion in the mother's constitution; which in its turn is relied on to show that such lesion was originally received in a secondary stage from a nursing child, and not as a primary lesion from a husband, or from any other source. While Dr. B. had great regard for the opinion of Dr. Townsend, and, in general, for the sort of conviction which results from a detailed and personal examination of evidence of any sort, he did not think that the case cited was one which could be relied on to convince other people. Primary lesion or *chancre* is *always* inoculable in an unsyphilized subject. Secondary and constitutional lesion is well known to be *almost never* so. The present discussion is to the point whether secondary and tertiary syphilitic disease is *ever, in exceptional cases*, communicable by contact or inoculation. Ricord, after years of honest and careful experiment, decided that it was not. Subsequent experimenters have since thought that in rare cases it may be, and it seems actually probable that it is. But as the comparative ignorance which prevailed in respect to the whole subject of syphilis, before the masterly elucidation of Ricord, was due to the imperfect analysis of previous evidence, justice to the labors of that observer demands a rigorous scrutiny of

any case adduced in contradiction of his results. Grant a venereal eruption to be identified as such (which is often difficult, sometimes impossible), the question of its origin is then between a rare contagion from a previous secondary or tertiary eruption in another person, and its regular, every day sequence from a primary sore, persistently denied or honestly ignored, by the individual last affected. No other medical subject presents, like this, the sacrifice of character and of social relations as obstacles to its elucidation, and evidence should be weighed accordingly.

Dr. B. believed that constitutional syphilis was, on all the evidence, contagious as well as hereditary, but was rarely so; and that the protracted contact of the nursing child was the more frequent condition of this contagion. Of course, no healthy woman should knowingly nurse a syphilitic child, and *vice versa*. As to the question of marriage, he thought that the lapse of a year from the *complete disappearance*, under proper treatment, of light constitutional symptoms, and of two or three years, more or less, in severer cases, was as strong a guarantee of immunity as posterity had a right to expect, or at any rate as they generally received.

Dr. LYMAN alluded to the change of opinion in England and on the Continent, upon this subject; also to the fact that the English journals contain frequent reports of cases, which give direct evidence of the communicability of secondary disease.

Dr. DURKEE considered that the preponderance of medical opinion is in favor of the communicability of secondary symptoms. The singular doctrine, advanced some years since, by Ricord—that of all venereal affections, indurated chancre, alone, furnished inoculable matter, had been the occasion of awakening other distinguished observers to the general subject of contagion arising from syphilitic manifestations. The facts furnished by such men as Vidal, Velpeau, Trousseau and Cazenave, of France; by Wilson and Langston Parker, of London; by Professor Porter, of the Royal College of Surgeons of Ireland; by Sigmund and Hebra, of Vienna, and many other high authorities—had now become quite numerous, and they were in direct opposition to the views of Ricord. These facts are constantly accumulating, and the most respectable medical journals teem with well-authenticated instances of infection derived from secondary lesions. Two cases of this kind, related by Professor Bennett, of Edinburgh, are entitled to our remembrance, whatever theory we may entertain on the subject. They are as follows:—A child of respectable parents was brought to Bennett for his opinion, whether an eruption, which it had, was, or was not, venereal. Bennett decided that it was. The family physician maintained that it was not. The child was put under the care of two wet nurses, both of whom, soon after having had the care of it, became affected with venereal ulcers about the nipples, and other well-marked syphilitic symptoms. Bennett had given his opinion that it was unsafe for the child to be “wet-nursed.” Both nurses brought an action for damages against the physician who had caused the diseased infant to be under their care, and both recovered damages.

In view of such facts, Dr. D. asked if any member of this Society would feel justified in giving his professional opinion that a syphilitic infant might safely be committed to the custody of a healthy wet nurse; or, to reverse the circumstances, and suppose that a healthy nursling was in want of a wet nurse, and a woman with a large breast



of milk should desire the situation, but, upon examination, should be found to have secondary syphilis; would any gentleman present be inclined to encourage the friends of the child to commit it to the fostering care of such a woman?

Dr. D. remarked that in his own practice he had seen several cases of secondary syphilis in both sexes, where no evidence, whatever, of primary lesion existed. He considered that the proof, as to the communicability of secondary lesions, was as reliable as that relating to the contagiousness of chancre. Once, he was a believer in Ricord's theory. But facts observed in his own practice, as well as those adduced by the most trustworthy men from all quarters of the medical world, had fully convinced him that Ricord was not sound on this point. He is preëminently entitled to praise for the great scientific advancement he has made in regard to the pathology and treatment of venereal affections; but he is not infallible.

Dr. STRONG remarked that he did not consider this a question upon which the profession is at present ready to decide. Observations were not as yet sufficiently numerous to form the basis of a correct opinion. He had for a long time differed from Ricord, having seen many cases in which the evidence of the communicability of secondary syphilis was undoubted; but was yet of the opinion, that the time had not arrived to establish a pathological conclusion.

Dr. JACOB BIGELOW remarked that he had been much interested in the discussion. There was one point to which he would allude, that might tend to reconcile the differences in the various reports upon this subject; and this is the change of character that diseases sometimes undergo in different periods. Cholera, for example, was formerly a tropical disease; it being only about thirty years since it spread toward the north. Plague once visited Great Britain, and various parts of the Continent, committing terrible ravages; now, it is not known in those countries. Yellow fever was supposed, thirty years ago, to be non-contagious; while, at present, serious doubts are entertained whether it be not sometimes contagious. Typhus fever seems to be at some times contagious, at others not at all so. Syphilis had undergone several changes in its character within a half century. At one time, the doctrine of Hunter was well established. Not long after, the chancre was found to vary so much, as to render it necessary to define what was meant by the *Hunterian* chancre; and it afterward became so varied in character and appearance, as to make it doubtful whether there were not as much of qualified or spurious syphilis as of the true disease. We know that the contagiousness of smallpox differs in different years. Is it not within the bounds of possibility that syphilis may, under different circumstances of epidemic predisposition, be more communicable at one time than at another?

Dr. Strong was not inclined to regard these apparent differences in the communicability of diseases, as owing to any change in their character, but rather to faulty observation, or perhaps to a difference in the predisposition of patients.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JANUARY 6, 1859.
 

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## CLINICAL INSTRUCTION—JOCOSE "CLINICS."

WE have an exalted idea of the value of true clinical teaching; and have not failed, long since, to express our views, in the JOURNAL, upon this important subject. Whether the instruction be strictly clinical—that is, imparted at the bed-side—or such as the material afforded daily at our Dispensary Central Offices and Hospitals, to which out-patients now come in great numbers, offers abundant opportunities to descant upon, the chances of practical information to the medical student are large and increasing. This is a privilege which we, in our student-days, did not enjoy; and these are the cases which will most frequently occur to the young and inexperienced practitioner; they should, therefore, be as familiar to him as "household words." The study of the *physiognomy of disease*, only to be acquired by this personal confrontation of the student with the examples of morbid affections, and by a reiteration of observations, patiently, day by day, is one of the chief means efficient in forming an acute and useful practitioner. We are glad to observe that much attention is paid to this department of medical study; the Faculty of our Medical College evince their appreciation of its value by setting apart a portion of time from the lecture routine, to be devoted to this object.

If it is desirable—nay, essential—that students have ample opportunities for the observation and appreciation of actual cases—it is even more so, that the teaching to which they listen should be of that character which will impress them with the importance and the true dignity of their profession. In the management of what are now termed "*clinics*," much tact is required. This is true in two different senses: first, no little share of ingenuity is often demanded in order to elicit, from the class of patients to be found in hospitals and in dispensary practice, the information absolutely needed, in order to prescribe judiciously for their ailments. Next, it is not an easy task to communicate information upon medical and surgical topics, in such a manner as will at once enlist the attention, and interest the minds of students. Too dry and circumstantial details, often repeated, and never varied, will weary—and an occasional departure from the stiff and precise forms of mere scientific communication, is not only often justifiable, but exceedingly useful. There are many patients, too, who can best be approached in a jocose way; and who are led to disclose certain important facts by a species of bantering. Harmless jokes may often pass between the patients and their medical attendant, or, occasionally, be hazarded by the latter alone, with benefit. This has been, at times, our own experience. We differ, however, widely, from those who think that the *publication* of these jokes, or of the ordinary conversation, necessarily taking place, between the practitioner and his patients, at the institutions to which we have referred, is desirable, or proper. For our own part, we are pained to see a tendency to adopt that *ad captandum* style, in reporting the proceedings of certain *cliniques*, which, to our mind, is always in bad taste, and lowers the



dignity of the profession, in all eyes. We cannot understand how men, deservedly distinguished in their calling, can allow themselves to be thus shown up. Is it necessary, we would ask, to chronicle all the *chit-chat*, both relevant and irrelevant, which occurs during the examination of clinical-lecture patients, or of such as present themselves as out-patients at hospitals and dispensaries? Let the said *chit-chat* go on, if you please—make the “clinic” as pleasant as possible, to both patients and lookers-on—there is need enough of it, usually—but don’t have it all strung out in type—it really is not creditable, to say the least.

We do not wish to be invidious, or captious, in our remarks—but where else, we would ask, do we see this sort of thing except in our own country? And do not those journals, and those authors of books who adopt it, suffer, sooner or later, not only in the opinion of their medical brethren, but in that of “outsiders,” who happen to get wind of the thing? We confess to a feeling of disappointment, when we take up a book of real value—such, for instance, as Professor Gunning S. Bedford’s indisputably is—and have to wade through long and profitless *conversations*, before we reach the gist of the matter. It really strikes us as only an appeal to the public, and a poor one at that.

Of course the remarks offered by distinguished practitioners (at the New York *cliniques*, for example) could not be published, entire, without their sanction—and yet we are treated, in the pages of the *New York Medical Press*, to specimens like the following, from gentlemen for whose scientific reputation and private character we have the very highest respect—yet to whose course, in this matter, we cannot but take exception. For instance, would it not have been more in accordance, not only with scientific interests, but with propriety and good taste, to have stated the treatment of the cases, simply, and to the point, without giving the detailed conversations which we quote? “Now, Madam, be kind enough to take your position on the bed, and I will very soon do what is right for you.” “Thank you, Sir.” “You perceive, gentlemen, I introduce this cylindrical speculum; I now have the cervix within the focus of the instrument, and, as you see, freely cauterize it with the solid nitrate.” “Return here, Madam, next Monday; I will repeat the same thing again.” “I shall, Sir.” “Madam” was certainly very cool and collected after her *exposé*, and conversed with great nonchalance! We conclude that, shortly after “next Monday,” we shall be favored with a little more small talk of the same sort.

In the same number of the journal we have cited, there occurs another conversation, of about a quarter of a column, wherein the patient (who is styled by the prescriber his “good friend,” twice, within the compass of a few lines) affords some amusement to the bystanders—and is *supposed* to do so to the readers of the above journal—by having misunderstood the Doctor’s language. A uterine tumor had been discovered; the questioner asks—“What did I call the tumor, my good friend?” “A *porpus*, Sir.” “Oh! no, you misunderstood me; I said a polypus.” “Well, Sir, I know it sounded something like a *porpus*!” \* \* Now we submit that while it may be all very well to laugh at such a mistake, and air the joke, for a few minutes, at the time it is enunciated, the re-production of it in a medical journal, as a part of the proceedings of a medical *clinique*, is worse than absurd—it is “flat, stale and unprofitable”—out of place and

out of taste. The same kind of twaddle, upon the next page, is fully as objectionable:—"Now, my good woman, if you will be kind enough to place yourself on this bed, I will remove the polypus." "Thank you, Sir."

But by far the most offensive specimens of so-termed clinical reports are to be found a few pages in advance of the latter extracts. In the midst of much instructive information, communicated by Prof. Willard Parker, the reporter thereof has seen fit to interlard the text with frequent intimations of the occurrence of hilarity. The word "laughter" is parenthetically inserted no less than three times within a dozen lines. This reminds one of the similar interpolation of the words "applause," or "cheers," in political or other popular addresses. The only difference is, that in the latter case it is proper; in the former, anything but that. Still farther on, no less a person than Professor Alonzo Clark is reported as taking *his* turn at the same species of jocosity. "Will you tell us some features in your case?" "I don't remember any at present except that my heart feels large." (Laughter.) "That's no evidence, Madam, of its being so." "Let us look, gentlemen, into the objective symptoms." "Throw off your cape and furs, Madam, and arrange your dress in such a way that I may listen to your heart." "I have had dyspepsia for a long time, doctor." "We will consider that." Even the account of the "auscultatory signs," which follows, is given in a loose, affected style; and is terminated by a narration setting forth the action of tobacco on the heart of a medical brother, whose "beautiful wife" did not become a widow when he thought she would!

We cannot suppose, for a moment, that these gentlemen, so widely and creditably known, gave their clinical remarks, with their little interludes (proper enough, *in moderation*, in the hospital ward or dispensary room), in the expectation that they would be thus reported, in such very significant and insignificant detail—but the question will arise, why do they *allow* their publication, after once seeing them? And, in this connection, we cannot but remark the striking contrast of the report from Bellevue Hospital by Charles Phelps, M.D., House Surgeon. This is done in the style it should be; and conveys a clear idea of the circumstances of the case, in the terse terms which befit such communications. A weekly journal can hardly, we should think, devote much of its space, continuously, with advantage to its subscribers or credit to itself, to miscellaneous conversation, or to a jumble of that and scientific statements.

We have none but the best feelings and wishes to express toward any and every medical journal which seeks to enlighten the profession and to be its medium of communication; but we hold, that management of the sort to which we have referred, is, to say the very least, *a grave mistake*.

We confess to being somewhat amused by the closing sentences of the leading editorial of the New York journal mentioned; and we present them, as worthy of consideration:—"We are well aware that other cities of our Union have made an advancement in medical matters, in ratio to their increase, commensurate with our own, and the knowledge of this fact gives us sincere pleasure, as it places our country, in that respect, not a whit behind the older nations, whose medical records filled many a heavy tome ere ours began; yet we maintain that Gotham is *The Metropolis*." For a journal, which, at



the time the above was printed (Dec. 25th, 1858), bore on its cover "Vol. I., No. 4," we contend that the sentiments—and particularly the last—are "pro—digious"!

#### CLINICAL STUDY OF THE HEART-SOUNDS.

In an article in a late number of the *Buffalo Medical Journal*, by Prof. Austin Flint, on the "Clinical Study of the Heart-Sounds," are some suggestions respecting the value of the first sound, and the impulse which accompanies it, in the diagnosis of cardiac disease, that strike us as peculiarly interesting, notwithstanding they do not contain, so far as we are aware, any thing absolutely new. The study which Dr. Flint has bestowed upon the subject of the physical signs furnished by the thoracic organs, and the lucid manner in which he describes and illustrates them, make everything on the subject, from his pen, of peculiar value; and our object in alluding to a portion of his article, is to recommend a perusal of the whole to those who are interested in the study of diseases of the heart.

As Dr. Flint observes, the first sound is composed of two elements, a valvular element and an element of impulsion. By placing the stethoscope over the apex of the heart, the two elements are combined, and form the booming, impulsive sound, so different from the sharp and abrupt flap of the simular valves. If the stethoscope be moved to the neighborhood of the nipple (a little without it), the sound becomes altered; from being prolonged, it has become shortened, being scarcely longer than the second sound, it is less intense, and has lost the booming, impulsive quality which is apparent over the apex. It thus becomes essentially *valvular*; its impulsive quality, due to the shock of the apex against the ribs, is gone. The proof that the characters distinctive of the first sound, as heard over the apex, are due to the impulse, lies in the fact that these characters vary in their degree of prominence according to the position of the subject examined. When the patient lies on his back, the impulse-character is considerably lessened. The same occurs if he inclines to the right side, but on turning to the left side the peculiar character of the sound is increased; in other words, when the apex is removed from the thoracic walls, the character which its impulse gives to the first sound is proportionately diminished. The same thing occurs when the heart is mechanically prevented from coming in contact with the ribs, as from effusion into the pericardium or pleura, or from emphysema of the left lung.

The inference to be drawn from this decomposition of the first sound, and the facts respecting the two elements of which it is made up, is that when the impulsive element obtains to any extent, the heart is driven with increased force against the parietes of the chest, and this is owing, in the immense majority of cases, to enlargement of the organ, in which hypertrophy predominates. Hence, the first sound, in hypertrophy, is abnormally dull and prolonged; and in proportion to the prolongation, the interval between the first and second sounds is shortened; it may be almost or even quite inappreciable. It is this difference of interval which distinguishes the augmented intensity due to hypertrophy from that which occurs when the muscular action of the heart is increased by merely functional excitation. In the latter case, the first sound is abnormally exaggerated, but the exaggeration does not affect disproportionately the element of impulsion to the same extent. When, however, the intensity of the element of impulsion

falls below that of health, it indicates a weakened condition of the muscular power of the heart, and, in extreme cases, this element may be wholly suppressed, leaving the valvular sound alone audible, even at the apex. In this case, the interval between the first and second sounds is lengthened. This occurs in dilatation without hypertrophy, in prostration from typhus and typhoid fever, in cases of fatty degeneration, and, in short, whenever the muscular power of the organ is greatly reduced. As already stated, the impulsive element of the first sound is also eliminated by the presence of fluid in the pericardium or left pleural cavity, by emphysema, or other causes acting mechanically.

We have thus touched upon a single point of Dr. Flint's able and interesting article. The whole paper, as we have said, is well worth the perusal, for no one seeking instruction on the subject of the heart-sounds can read it attentively, without obtaining clear and correct notions of their significance in the diagnosis of cardiac disease.

#### THE LATE DR. EPHRAIM BUCK.

At a special meeting of the Suffolk District Medical Society, held at their Hall in Temple Place, at 12 o'clock, Tuesday, Jan. 4th, 1859, Dr. Channing offered the following resolutions, which were unanimously adopted:

*Resolved*, That this Society have learned, with sincere regret, of the death of their valued associate and late President, Dr. Ephraim Buck.

*Resolved*, That in view of the loss thus sustained by our profession and by the community in which he lived, it is appropriate for us to remember the excellent traits of his strongly-marked character, his firmness, his honesty, his conscientiousness in all the relations of life, his tenacity of well-formed opinions, his fidelity to duty and his courtesy in performing it—finally, the integrity of his long and honored life.

*Resolved*, That with our regret we rejoice to learn that the illness of our friend was marked by patience, by composure, and by entire resignation in the sure approaches of death.

*Resolved*, That we offer our sympathies to his family in their affliction, and that a copy of these resolutions be presented to them.

*Resolved*, That in token of our respect for the deceased, the Fellows of this Society will attend his funeral this afternoon, at 2 o'clock, at the Salem Street Church.

A. A. GOULD, M.D., *President*. C. D. HOMANS, M.D., *Secretary*.

#### PATHOLOGICAL SPECIMENS SENT FROM A DISTANCE.

WE frequently have specimens sent to us from a distance, which are rendered useless, and made wholly unavailable, especially for microscopical examination, by the action of the *strong alcohol* in which they are immersed. It ought to be generally known that this species of pickling entirely spoils the specimens, because, not only is the trouble in putting them up, and the cost of sending them, thrown away, but very interesting samples of the effects of disease upon the various organs are often thus lost. If the distance is not very great, nor the time required for transmitting a specimen long, it may safely and preferably be sent in its *fresh* state, wrapped in tin foil. Thin slices of a diseased organ may thus be easily sent by mail. Where the conditions will not allow of the latter mode of conveyance, or where specimens come from a distant source, they may be well preserved in *glycerine*. At all events,



if spirits are used, let half alcohol and half water be the proportion—or, what is equivalent, *rum*—one of the best uses to which that sort of spirits can be applied.

We are often chagrined at the loss of what would otherwise be most valuable specimens, in consequence of the puckering, tanning process—the alcoholization, which they have undergone. Will those who are kind enough to send us specimens, “make a note of” our suggestions?

#### A NEW YEAR'S GIFT TO THE EDITORS!

THE present is an age of “surprises.” It is not often, however, that doctors are surprised—in any sense of the term. And more especially is this true with regard to those manifestations of good will yclept “surprise-parties.” Clergymen, generally, seem to be the victims of this species of amusement. An incursion of this sort is now very common, and partially supplies, in some instances, we suppose, the lack entailed upon the one who sustains the raid, by a small and insufficient salary. We believe that *editors* have occasionally received attentions of a similar sort. For ourselves, the present year has brought with it a compliment from a brother physician—not exactly a surprise to us, because he is in the habit of doing such things, and we can look back to an instance, illustrating this proclivity, and which was conveyed in a *fluid* form. The present gift was narcotico-placid, and therefore of vapory nature, ultimately, though at present wrapped in the light-brown garb of tobacco, and known as *cigars*—duly boxed! The following well-turned and highly descriptive lines accompanied the fragrant present, and of course render it doubly—nay, a thousand fold more valuable.

B. E. C.

TO FRIENDS MORLAND AND MINOT;

*With a box of Cigars, January 1st, 1859.*

A happy year—nor deem it all a joke  
If steadfast wish induce a transient *smoke*;  
By outward symbol know the heart's desire,  
Where *smoke* exists there must indeed be *fire*;  
The “wine of life” of which old Cowper spoke,  
Would waste in *vapors* if not wreathed in *smoke*;  
The *smoking bowl* at winter's feast or rout

Dispels at once all thoughts of “cold without”;  
A *smoky draught* both lungs and bacon cures,  
And *smoking incense* heavenly grace secures;  
*Smoke gently curling* to the skies above  
Suggests the *blazing hearth* and homebound love.  
If *worth the candle*, let us then invoke  
A fragrant ending—to the gift—in *smoke*.

#### NEW APPLICATION OF THE STEREOSCOPE.

MR. JOHN P. SOULE, of this city has recently been engaged in taking a series of photographs from dissections of the human subject, designed for use in the stereoscope. He has already prepared a dozen or more of these pictures, which exhibit as many different dissections of the muscles, and it is his intention to continue the series, and to prepare views of the arteries, &c.

The pictures are very beautiful, and should the artist succeed in coloring them satisfactorily, their value will be greatly enhanced. Mr. A. G. Putnam, No. 456 Washington Street, is the sole agent for the sale of these views.

#### DEATH OF DR. AARON L. LELAND.

WE noticed, some time ago, the death of Dr. Leland, formerly of this State, which occurred at his place of residence, Detroit, on Sun-

day, Nov. 14th, after a very short illness. We extract the following particulars of his life from a notice in the *Detroit Tribune*.

"Dr. Leland was born in the town of Sherborn, Mass., on the 21st day of August, 1813. He was descended from an old and highly respectable family, and was reared under the healthy influences of a New England country life. He graduated from Cambridge College, Mass., in the year 1833, and immediately commenced the study of medicine. He spent several months in the Lying-in Hospital in Boston, and nearly two years in the smallpox hospital in Boston Harbor. During this period he won the esteem and praise of the attending physicians, who were among the most distinguished in Massachusetts. In 1836, he removed to Pontiac, in this State. He was for several years in partnership with Dr. Pad-dock of that place, and had an extensive practice. Thinking that Detroit furnished a better field than Pontiac, he removed to this city in 1845, and since that period has devoted himself to his professional business in our midst. His labors were not without their reward. He ranked among the first class of medical men in the State, and, as a practitioner, met with eminent success. In 1848 he was Port Physician at this place, and in 1851 he was selected as vaccinating Physician of the city. He was twice chosen by the Medical Society of Detroit as a delegate to attend the meetings of the National Medical Association.

"In the medical profession, the place of the deceased cannot be easily supplied. A thorough academic education laid the foundation for his subsequent studies, which were prosecuted with vigor. A thorough knowledge of the principles of medicine, a sound practical judgment, caution without fear, decision without rashness, and large experience—these rendered the deceased a safe and successful practitioner; while the refinement of his mind and manners, and gentle deportment, caused him always to be a visitor welcomed by the sick, not only as a physician but as a friend. Many, in hours of indisposition, will miss, with a feeling akin to real sorrow, his placid countenance and comforting presence, and sincerely mourn his loss."

*Impalement on an Iron Rod.*—The last number of the *Buffalo Medical Journal* contains an account of the case of a young man who fell upon an iron rod, used for stuffing horse collars, four and a half feet in length, three eighths of an inch in diameter at the point, and five eighths of an inch at the base. The rod entered the abdomen four inches below the umbilicus, one inch to the right of the linea alba, and came out at the back, on the same side, about opposite the last dorsal vertebra, two inches from the mesial line. The man pulled out the rod himself and walked across the street to his house. He made a rapid recovery.

*Health of the City.*—A considerable increase in the number of deaths took place during the last week, chiefly among children under 5 years of age, who composed more than half the mortality. Nine deaths are ascribed to "infantile diseases," 7 to pneumonia, 4 each to "convulsions," scarlatina, disease of the heart and "teething." The number of deaths for the corresponding week of 1858 was 67, 25 being those of subjects under the age of 5. There were 6 deaths from "infantile diseases," 4 from pneumonia, 4 from whooping cough, and 17 from consumption.

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WE regret that circumstances have put us back a day or two in the issue of the JOURNAL this week. We shall endeavor to avoid, hereafter, the occurrence of a similar delay.

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DIED.—At Cambridge, Jan. 4th, Dr. Samuel Sawyer, aged 54.—In New Orleans, Oct. 23th, after a long and painful illness, Dr. J. M. W. Picton, for the past thirty-two years an eminent practitioner in that city, and late Professor of Diseases of Women and Children in the New Orleans School of Medicine.

*Deaths in Boston* for the week ending Saturday noon, January 1st, 56. Males, 40—Females, 46.—Inflammation of the bowels, 2—bronchitis, 1—inflammation of the brain, 1—consumption, 20—convulsions, 4—cholera infantum, 1—croup, 1—diabetes, 1—dropsy, 1—dropsy in the head, 3—debility, 2—infantile diseases, 9—puerperal, 1—epilepsy, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 4—hernia, 1—inflammation of the lungs, 7—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 1—old age, 3—palsy, 2—teething, 4—tumor, 1—unknown, 3—whooping cough, 3.

Under 5 years, 44—between 5 and 20 years, 4—between 20 and 40 years, 17—between 40 and 60 years, 10—above 60 years, 11. Born in the United States, 57—Ireland, 22—other places, 7.



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## SOME REMARKS UPON OXALATE OF LIME IN THE URINE, WITH THE REPORT OF A CASE.

[Read before the Boston Society for Medical Observation, December 20th, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY D. D. SLADE, M.D., BOSTON.

VERY contradictory opinions have been expressed regarding the pathological importance of the presence of oxalate of lime in the urine. On the one hand, we are told of the "miseries which flow from the oxalic diathesis"—"that from it sometimes the bodily suffering is considerable, and the mental excitement verges on insanity." On the other hand, it is as confidently affirmed, that "oxalate of lime scarcely indicates a more serious derangement of the bodily health than a deposit of urate of ammonia does," and that "to set up such a diathesis as the oxalic is unreasonable, and contrary to the spirit of rational medicine."

As usual in cases of such discrepancy of opinion, the truth will be found to lie between the two extremes. It does seem to me that, in a pathological sense, too much has been made of the expression, oxalic diathesis. I had been much struck, even before I saw that the same views were entertained by medical writers, with the great frequency of oxalate of lime deposits, unattended by any symptom which could be referred to an oxalic diathesis as a cause. And yet we undoubtedly do sometimes meet with cases in which the symptoms answer, in part at least, to the descriptions given us by the late Dr. Bird. Such cases, however, are rare.

It is well known that the views which became so widely disseminated through the writings and by means of the reputation of Dr. Golding Bird, are now considered as being unsupported by practical observation, and that those of Mr. Owen Rees are much more consistent with what experience teaches us.

The latter gentleman announces his belief that the state which has hitherto been termed the oxalic diathesis, does not merit the title of an actual constitutional condition, and that it should be considered as nothing more than an accidental and unimportant modi-

fication of the uric acid diathesis. He notices as concisely as possible the illustrative cases of the oxalic diathesis as given by Dr. Bird, and closes in these rather satirical terms.

"In summing up the evidence derivable from these cases, we have to deal with a broken-down syphilitic patient, a gormandizer, a gouty subject, women debilitated from leucorrhœa and miscarriages, and a man guilty of drunkenness in its worst form. How it has happened that from these illustrative cases and others of the kind, a symptomatology has been recognized, authorizing the establishment of a peculiar diathesis, must ever remain a profound mystery. Half the cases may indeed be set aside as merely showing the formation of oxalate of lime in the urine by heating the urates present as a deposit, while the rest are so like what we observe in the ordinary run of dyspeptic cases, and especially in the irritable dyspepsia of gout, that their relation to the urates and uric diathesis need scarcely be doubted. The chemical reasoning which shows how unlikely it is that oxalate of lime should exist in the blood, is quite borne out by the pathological bearing of the case; and the conclusion appears to my mind quite inevitable, that whenever oxalate of lime is found in the urine, it should be regarded as *produced after excretion*, and that there is no such thing existing as an oxalic diathesis."\*

Let us now for a moment consider whether the set of symptoms which have been observed to accompany the excretion of oxalate of lime are really sufficiently distinctive to entitle them to a pathological difference. Although many of the symptoms observed in the cases which have hitherto been classed under the oxalic diathesis are of a trivial character, and may be even identical with those observed under other circumstances, yet still it would seem that there are some which are more or less constantly present, and which may be said to be pathognomonic to a certain degree. If, for example, there be anything more established than another regarding well-marked oxalic acid, it is this: that it is almost invariably accompanied by a train of symptoms which points very decidedly to something wrong in the nervous system. Inaptitude for the performance of duty or for the enjoyment of pleasure, restlessness, hypochondriasis, more or less languor, are among the symptoms which are presented. Whether these precede or follow the formation of the oxalic acid, it is not perhaps easy to determine. The history of the case does not always enable us to form a satisfactory opinion on this point, neither do the patients, as a general rule, come under our observation until the diathesis, if we may so term it, is already formed.

However, I think that when we can get at the previous history of the patient to a reliable degree, his symptoms can be traced to something which would tend to impair the energy of his nervous

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\* On Calculous Disease. By G. Owen Rees. London. 1856.



system. This may be either the exhaustion of the system by recent acute disease, by long-continued chronic disease, especially of the organs of digestion, or by disease of the seminal organs of long duration. Again, too sedulous an application to business, or mental distress and anxiety, may be the origin of this state of the nervous system. "If this should prove to be true," says a writer, Dr. Maclagan, when alluding to this point, "then certainly there is no necessity for the assumption of a special diathesis, and that which we designate the oxalic diathesis would resolve itself into this—a state of the nervous system, under which the organic functions become unduly performed, and in which, among other morbid phenomena, gradually becoming aggravated as the case proceeds, some of the elements of nutrition are mal-assimilated, and along with the effete matters of the tissues, pass out of the system in the form of oxalic acid, instead of being carried off in some more normal state of combination. This is essentially the doctrine of Lehmann, who, though undoubtedly speaking rather with the authority of a chemist than of a physician, appears to have taken the right view of the cause of the occurrence of the oxalate in ascribing it to a want of proper agency in the nervous system."

I am of the opinion that the dyspeptic symptoms which are almost invariably present in cases of this description, may be also attributed to some defective nervous agency. Dr. Prout states, in his work, that the reducing function of the stomach is impaired in cases of this kind. Hypochondriasis is, as is well known, a usual attendant upon dyspeptic symptoms, and is always seen, to a greater or less extent, in those affected with oxalate of lime in the urine.

A few words upon the treatment of these cases. The most essential part of the treatment, I believe to be hygienic, directing our attention at the same time toward the removal of the cause or causes which may have given rise to the patient's ailments. It is unnecessary to state that strict attention to diet, regular exercise, avoidance of over-excitement by business or pleasure, are very essential points in arriving at a cure. The use of alkaline remedies, as well as the employment of the mineral acids, combined with some bitter, have received the general approval of those who have written upon this subject. "The true action of the acid," says the writer before quoted, Dr. Maclagan, "I conceive to be that of moderating the waste of the tissues, and so saving the patient's strength. However, the regulation of the diet is of more consequence than the administration of medicines." The case which follows, I have selected as a fair example of those which come under this category, exhibiting, as it does, well-marked dyspeptic symptoms, with, at times, great irritability of the bladder—which I ascribed chiefly to the quality of the urine. The accompanying seminal emissions I did not deem of any great importance, although

I directed my treatment toward their removal. Their frequency in the early history of the case, undoubtedly had a decidedly injurious effect upon the nervous system; and their repeated occurrence, afterward, tended to keep up an irritability about the neck of the bladder.

April 17th, 1855.—G. J., single, lumber-merchant, Charlestown, æt. 23. Patient is rather small in stature, of ruddy complexion, light-brown hair; of an irritable, nervous temperament; has suffered much from hypochondriasis. While engaged with me in conversation, does not sit still a moment without making some muscular movement. He always enjoyed good health up to 16 years of age; at this time he commenced to have involuntary seminal emissions, which continued to occur several times a week, for the period of two years. Knows no cause for them. He assures me that he never masturbated. These were in part arrested by an operation for phymosis. Since this period—about five years—the emissions have occurred with regularity, on an average, every week or ten days. During those *two* years, he suffered much from dyspeptic symptoms, lost strength, but neither flesh nor appetite. Lately has been somewhat better as regards these symptoms. Patient was a hard student up to 20 years of age, and led a very sedentary life. For the last twelve months has suffered at times from more or less irritability of the bladder, and within the last six weeks this has increased to such a degree that he is called to pass his water every half hour, although not obliged to rise for the purpose at night. Occasionally, after micturition, there is a burning sensation which is referred to the glans-penis as its seat. No pain over hypogastric region; occasional sense of weakness in lumbar region. Suffers from flatulence and slight pain, attended with a sense of weight after every meal, coming on in about half an hour, and lasting for about an hour. Has occasional headache—more within the last six weeks. Does not use tobacco or coffee. Uses now abundant exercise in the open air. Sleeps well.

On examination—tongue slightly coated; pulse 86. The urine is acid—specific gravity 1025—odor natural—bright, clear amber color; no deposit on standing. Under microscope, abundance of crystal of oxalate of lime visible.

The treatment advised was as follows:—Cold sponge bath every morning, followed by a brisk rubbing of the whole body. The rubbing to be repeated at night. Exercise for two or three hours in the open air daily. Mild, nutritious diet; a tablespoonful of brandy in water at dinner. R. Infusion serpentariæ, ʒj.; acid nitro-muriatici, gtt. ii. 3 t. d.

April 23d.—Patient reports that irritability of the bladder has almost entirely disappeared. Has suffered much less from dyspeptic symptoms, but has felt a sense of faintness, referred to epigastric region, which he attributes to the medicine.

On examination, find the crystals of oxalate of lime very much



diminished in number. The seminal emissions continue to occur every week or ten days, and cause the patient some mental uneasiness; he not unfrequently finds the lips of the urethra adhering together. Suspend medicine. R. Quinæ sulphat., gr. vi., per diem. R. Lupuline pill, one scruple, on going to bed.

April 28th.—All the symptoms have improved. Reports himself very much better. Says that he not unfrequently has a mucous discharge from the urethra, particularly at stool. In submitting this fluid to microscopic examination, find a few spermatozoa present. Continue the same treatment.

Aug. 15th.—Since his last visit, patient reports that he has enjoyed good health, as a general thing. The emissions have continued to occur with regularity every eight or ten days. Has seen the appearance of the mucous discharge about once in three weeks; after this, he always experiences a certain amount of irritability of bladder, lasting for a day or two. Appetite and digestion good. Nervous irritability very much less. Omit lupuline and quinine, and R. Tinct. ferri chloridi, gtt. xv. 3 t. d.

Oct. 1st.—Has been very well since last visit. Digestion is now perfect; spirits generally good; has not seen the mucous discharge from the urethra since the last visit. The seminal emissions continue the same, although he has been three and even four weeks without one. Has had one on each of the two last nights, attended with fatiguing erections. On examination of urine—clear, amber color; specific gravity 1019; acid; no deposit on standing; a very few crystals of oxalate of lime present. Advised, when erections come on, to take a pill of Camphoræ, grs. iij.; opii, gr. ½. Discontinue the iron.

Jan. 24th, 1856.—Patient reports that he has lately been married. Up to the time of his marriage, the irritability of the bladder and the seminal emissions continued about the same. Has only been married a few days.

June 25th.—Patient has been perfectly well since I last saw him, although he occasionally experiences some slight irritability of the bladder, particularly when travelling, as he is obliged to do, in pursuit of his business.

## LECTURES ON ASTHMA.

DELIVERED AT HOTEL DIEU, BY PROF. TROUSSEAU.

[Translated from the *Gazette des Hopitaux* of August 26th, 1858, for the Boston Med. and Surg. Journal.]

### LECTURE I.

ASTHMA is a disease which manifests itself by attacks of dyspnoea and oppressed breathing, returning at more or less regular periods, after a longer or shorter intermission, and in the intervals of which the respiratory functions are performed with their accustomed regularity.

Whether these attacks come on from the influence of material causes or not, whether they are related or not to the existence of appreciable organic lesions, asthma is a complaint in which the spasmodic element prevails over all others, in which the nervous system plays a capital part.

An individual in the full enjoyment of health, not having indulged in any excess of eating or drinking, not suffering from dissipation or exhaustion, retires at night as well as usual and sleeps quietly. An hour or two after, he is suddenly aroused by an attack of the most distressing dyspnoea. He feels within the chest a sense of compression and tightness, great uneasiness; his respiration is difficult and accompanied by a laryngo-bronchial wheezing, particularly during inspiration. This dyspnoea, this anxiety increasing, the patient rises to a sitting posture. Supported on his hands, with his arms thrown out behind, his face swollen, sometimes livid, or of a purple hue, his eyes starting, his skin covered with sweat, he is soon obliged to spring from the bed; and, if the apartment which he occupies has not a sufficiently lofty ceiling, he hastens to open the window and seek from without the air which he needs. This fresh air relieves him. The attack lasts one or two hours, and sometimes more; then comes a calm. His face resumes its normal color, and loses its swollen appearance. The urine, at first clear and rather abundant, diminishes in quantity. The patient finally lies down and resumes his interrupted sleep.

The following day he goes about his business, leads his usual life, retaining sometimes a sensation, more or less vague, of constriction about the chest; often, however, having nothing but the recollection of his past sufferings. At night, almost at the same hour, the attack is repeated, precisely like the first one, yielding, like that, to return again the next night, and returning thus for three, four, five, ten, twenty, and even thirty nights—constituting a genuine attack of asthma. This attack, the return of which is not governed by any rule, is not renewed, in some persons, under four or five years, and is repeated in others every year, and in others oftener still.

This is the ordinary form of pure asthma, coming on without any appreciable exciting cause, without any material agency that can be seized upon, without being related to any organic lesion susceptible of demonstration.

Let us now look at it as produced under the influence of a determinate cause. I will take my own case for an example, subject as I have been for a long time to this complaint; for always, in my case, the attacks are repeated under peculiar circumstances.

The most violent attack that I ever experienced came on under the following circumstances.

I suspected my coachman of stealing the fodder of my horses. To ascertain the fact, I mounted, one night, to the granary, where I measured the stock of oats. After finishing this operation, I was



suddenly seized with such an attack of oppression and dyspnœa that I had hardly strength to reach my apartment; my eyes protruded from their sockets; my face, pale and swollen, expressed the greatest anxiety; I had just time to tear off my cravat, to rush to the window, to throw it open for a little air, to avoid suffocation. Although I did not habitually use tobacco, I begged, or rather by my signs I made those about me understand that I wanted a cigar, of which I took several whiffs; eight or ten minutes after, the attack was over.

What had caused this? Certainly the dust of the oats by which I had been surrounded, some grains of which had penetrated my bronchia. But most certainly, also, the dust would not have been sufficient, of itself, to cause so violent an attack, for this cause was quite out of proportion to the effect produced. A hundred times in the streets of Paris or on the boulevards, a hundred times on the public roads, I had been surrounded by an atmosphere of dust much heavier than that of the oats of which I had breathed only a few grains, but I had never suffered anything of the kind; it must be, then, that this cause had surprised me under peculiar conditions. Under the influence of the moral emotion which guided me—every one will understand me—the idea of this domestic theft, trivial as it was—my nervous system was excited, and under these conditions a cause, which under ordinary circumstances, would not have had any such effect, even if it had been increased fifty fold, acted, in this particular case, although hardly deserving to be represented by the power of one. This cause was the spark, which, falling upon the dry straw, was alone sufficient to kindle a great fire.

I have three more curious cases of the same kind, and an analogous one has been reported, as well as I can recollect, by Muret, in his *Apparatus medicaminum*.

An apothecary of Tours, slightly asthmatic, always had an attack when powdered ipecacuanha was disturbed in his presence. It was not merely when this root was pulverized, it was only necessary to weigh it in his shop to bring on an attack of fearful distress, which lasted half an hour. Things came to such a pass that he made them notify him whenever ipecac was to be used, that he might retire to his own room. No other powder or dust produced in him such effects.

I knew another apothecary, established at *St. Germain en Laye*, in whom the attacks of asthma, to which he was subject all his life, were produced under precisely the same circumstances, and also from the influence of powdered ipecacuanha.

Finally you may interrogate a woman who entered the hospital for rheumatic pains, who occupies bed No. 6, in St. Bernard's ward. She is 43 years old, and remarkably stout. She will tell you that, born of a father perfectly healthy up to the present time, of a mother who died of a dropsy, probably symptomatic of a disease of

the heart, if we believe all the details which she gives us, she always enjoyed perfect health up to the age of 23 years. Married at that time, she was taken with asthma, of which the attacks returned at intervals during two years, ceased after the nursing of her children, and never returned. The attacks came on about two or three o'clock at night, lasted all night, and left the patient until mid-day in a painful state of exhaustion and oppression; the rest of the day she applied herself to her usual occupations. What I wish to call your attention to particularly, is, that these attacks were never more violent than when they were produced under the influence of a cause designated by many asthmatics; I have not, myself, alluded to it in speaking with this patient, but she herself told me that she was immediately seized with an attack whenever she happened to be in her chamber at the time her feather-bed was shaken up. These facts it was important to mention.

In the first case, then, which I have given you, asthma came on without any known or appreciable cause; in the last three, the attack was produced by an influence from without; but in all of them the disease was purely spasmodic.

To proceed. A man is taken, without exposure to any of the causes of catarrh, with a violent coryza; he sneezes twenty, thirty, forty times in an hour, he looks pinched, his nose runs profusely, a clear, liquid mucus; this coryza lasts a day or two, and the patient seems to have a regular catarrh; he has at first a nasal catarrh, then a laryngitis, and then a bronchitis; he coughs a little, toward evening an attack of asthma comes on. I say toward evening, for ordinarily asthma comes on at night, although there are cases in which it comes on in the day, as there are others in which the attacks are both diurnal and nocturnal, the former being remittent, the latter intermittent.

We here have the organic affection, the catarrh, the bronchitis, to which the spasmodic affection seems evidently to be attached; so decidedly does it appear that this is the case, and even that it is dependent upon it, that in this instance the asthma will be regarded as a symptom. Nevertheless, it is not so. The spasmodic affection is so little dependent on the inflammatory one, that the same individual who has had an attack on the occasion of a slight cold, on being taken with a more serious bronchitis, or even pneumonia, this patient will not have asthma.

I am in the habit of attending a rich capitalist, who has been subject to fearful attacks since the age of 25 years. These attacks are so violent, that, for fifteen years, he certainly has not slept seven months in his bed; he can only sleep upright, leaning against the chimney-piece. Fifteen years ago he caught a bronchopneumonia of the most serious character, on going out of the theatre; he was so seriously ill, that fears were entertained for his life. During the whole course of his sickness, he had not one attack of asthma. He who could not sleep in his bed until it was



arranged as an arm chair—so that he was sitting, not lying—rested, during the whole time of his pulmonary attack, stretched out full length on his back. Often, since then, he has had colds, but never at those times has suffered from asthma.

The organic lesion, then, is not the disease; undoubtedly the bronchitis plays its part in the production of asthma under these circumstances, but it only plays it because it has found the scene prepared; because it has found the patient placed under peculiar conditions, without which, its influence would have been entirely insufficient. The effect produced is not in proportion to the cause; other more powerful causes would have acted in vain, unless they had found, like this, the economy in the condition necessary for the evolution of the malady they were to produce. Asthma has, then, its personality; it has also its eccentricities, like all other nervous disorders.

Let us see now how it appears, according to the individuals affected, and the period of life.

In children, its ways are so peculiar that often it may be misunderstood, and perhaps I was one of the first to point out its existence in youthful subjects. If there have been children who have had asthma precisely after the manner of adults, it is rare, and, for my part, I do not remember to have seen it so decidedly characterized except in a single instance. It was in a child five years old, a young Moldavian; he had very decided attacks of asthma, very well characterized, which were associated with pulmonary emphysema. On inquiring about the influences which might be acting in his case, I found no trace of any hereditary affection, either gout or rheumatism.

Two years after his first visit, they brought me the little patient with a great red, swollen, painful great toe; he had an attack of acute gout, of the most decided, legitimate character. This is also the only case of gout which I ever saw in a child; I have never seen one since. The arthritis attacked the knees, and nothing resembled less acute articular rheumatism. During this attack of gout, the patient had not a single attack of asthma; these things took place according to rule, for, as I shall tell you, gout and asthma are often two manifestations of the same diathesis, and their attacks may alternate in the same person. It was so in my little Moldavian; he had attacks of asthma alternately with attacks of articular gout.

This form of asthma is, I repeat, that of adults; in the child, it follows quite a different course. Cases will teach you more than the best description; and besides, this last is impossible from the variety of its forms.

One of my associates, of vigorous constitution, had two children whose health was very delicate. Their mother was one of those reasonable hysteric persons, in whom the disease affects more the trisplanchnic nervous system than that of the life of relation.

One of these children was taken, one day, with symptoms of capillary pneumonia; the symptoms manifested themselves, so to speak, in a terrible manner, and assumed, subsequently, a grave form. An hour after the commencement of the attack, I was summoned. I found very abundant sub-crepitant rales, great embarrassment of the respiration, exciting apprehension of imminent suffocation. I directed a large flying blister to be immediately applied to the chest. Three days after, recovery was complete. My treatment had had a success too marvellous, and above all too rapid, for me to assign to it all the honor of the cure. I was considering myself only too happy at the result obtained, when, a few days after, the same symptoms re-appeared; they lasted but forty-eight hours. But this time, even more than the first, I was convinced that in this case I had something else to deal with than a pneumonic catarrh.

I called to mind what the lobular pneumonia of children is; while my experience showed me that, both in hospital and private practice, I had never lost a child affected with pure lobular pneumonia—that this malady yielded generally, not to say always, under the intervention of art—the same experience had also taught me that it is not always so with lobular pneumonia. Of little importance when the subject of it has passed his second year, during the first period of infancy it is so formidable that, out of forty-two cases, I had seen forty die, whatever the treatment had been.

Then, on considering that the son of my friend had been cured of so terrible a disease, the first time in three days, the second in two, I doubted my diagnosis, or at least I completed it by looking back to his hereditary antecedents and thinking what his mother was. I said to myself that in this case the nervous element must have played an important part, if it had not occupied the whole stage. Therefore, when, three months after, I was again called to see this little patient, who, after playing as usual, was seized in an instant, about ten or eleven o'clock at night, with an attack as formidable in appearance as the first—I advised burning in the room datura stramonium, in order to combat the spasmodic element. The following morning the child was on his feet.

This complaint had been, then, a true neurosis of the pulmonary apparatus, complicated with a bronchial secretion, acting, in this respect, in the same way as the neuroses which are so often accompanied by secretion, as I have had reason to tell you on many occasions.

I had been dealing with an attack of asthma. It was the first time that I had witnessed such symptoms in a child, or rather the first time that I had recognized their significance; for, on looking back, I could recall twenty cases, perhaps, which I had witnessed without understanding them. How often has this happened to the most attentive, intelligent and best educated physicians, to look at, without seeing, diseases, which another, more attentive



and a better observer yet, has discovered and seized upon after them!

Before Bright, cases of albuminuria had been seen, but no one before him had known how to draw the consequences from the facts observed; before Virchow, before Bennett, before Magnus-Huss, before M. Vidal, patients with leucocythæmia\* had been seen, but they alone had regarded them sufficiently to understand them. Before M. Bouillaud, the existence of heart diseases in rheumatic patients had been recognized, possibly, but no one before the eminent professor of La Charité had known how to see the relation existing between these affections and rheumatism.

Thus, in my own case, it was the first time that I comprehended the fact which I had witnessed twenty times before.

I once knew a magistrate whose wife and niece were of a most marked nervous temperament. His child, subject to catarrhal affections, was taken to Nice, where he passed the winter. In the month of May, he was taken with a most violent catarrh; his family, alarmed, took him to Paris, as soon as he was able to bear the journey. On his arrival, he was taken with the same symptoms; I was called to see him, in company with M. Blache, and found him in such a state that asphyxia seemed imminent. Nevertheless, recalling the facts which I have told you, and regarding his hereditary antecedents (I have told you that his mother was excessively nervous), I was not alarmed, and prophesied that this violent conflagration would be easily extinguished. We ordered fumigations with datura, and rather to quiet the apprehensions of the parents than to benefit the child, we ordered a potion of which the effect would be very insignificant, a veritable homœopathic potion. Two hours after, the symptoms were relieved; the following day the child was well, and the family received us with manifestations of joy, attributing, without doubt, the whole of the relief to the medicine which we had given. Since that time the little patient has had similar attacks, and each time the datura has calmed them in the same way.

My attention once fixed on this form of asthma, it has not escaped me whenever I have had occasion to meet with it, and I have seen it often—often, at least, considering the rareness of this disease in children; that is, I have met with one or two cases every year. Now asthma always presents itself under the forms which I have described; only in my young Moldavian it took on that of adult age.

In the cases which I have cited to you, the progress of the disease has been very rapid; nevertheless, the symptoms may some-

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\* M. Vidal, in an excellent monograph on Leucocythæmia, published in the *Gazette Hebdomadaire*, 1856, has taken care to cite a considerable number of authors, who, since the time of Hippocrates, have mentioned, under the name of engorgements, obstructions, hypertrophies of the spleen, facts, which, being confounded one with the other, present an evident resemblance, a remarkable identity with those observations of leucocythæmia published in our day, and with those which he had collected himself.

times continue for seven, eight, ten and twelve days. The affection is none the less the same; the catarrhal element predominates, and finishes by establishing itself—and this, perhaps, because we do not interfere sufficiently soon or with sufficient activity to prevent it—but it is always the same disease. The nervous affection is the capital, essential element of it, doubled by the inflammatory catarrhal affection. This is so true, that if you arrive in season with therapeutic means capable of combating the spasmodic element, even when the catarrhal element shows itself, the attack goes on *uno tenore*, and yields more easily than a regular pulmonary catarrh; even although in the first case the catarrh assumes more intensity, and presents characters in appearance more formidable than in the second.

Without doubt, when the catarrhal element has continued for a longer period, the true nature of the disease is more difficult to be recognized; but still it is characterized by these strange symptoms, by these attacks of oppression, of suffocation, returning after an intermission, principally at night, and persisting often, even when the catarrh has yielded, with an intensity which bears no sort of proportion to the inflammatory affection. On the other hand, the general troubles, the febrile phenomena, are but slightly pronounced, and also are no way related to the intensity of the thoracic symptoms.

Finally, with regard to the prognosis, the attacks, however fearful they may have appeared, yield, to return after a longer or shorter interval; is this true of pneumonic catarrh, sufficiently severe to cause symptomatic phenomena of such a decided character? Most certainly not; for this disease does not often attack the same person twice, because generally, not to say always, it kills him the first time.

I have cited cases to show you what may be the conditions of the development of asthma; I have given you my own case. I have spoken of catarrh as an exciting cause. Among these exciting causes of asthma, there is one to be mentioned which is the most important and the most curious; I propose to speak of the conditions of residence and climate. This will be the subject of my second lecture.

S. L. A.

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*Preservation of Animal and Vegetable Substances.*—A patent has lately been taken out in England for effecting this object. The improvements consist in coating animal and vegetable substances with a compound formed of vegetable albumen and a suitable antiseptic material. The coating is effected by immersing the substances to be preserved in the prepared compound two or three times, each coating being dried or set in a current of air before the next is applied. The object of combining an antiseptic agent with the vegetable albumen is to prevent a partial decomposition of the substances occurring before the protective coating is properly hardened.—*Am. Druggists' Circular*.



## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL  
IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Dec. 13th.—*Ovarian Dropsy*. Case reported by Dr. FIFIELD, of Weymouth.

Mrs. T. B., of South Weymouth, having always been of good health, and mother of seven children, at the age of 56, during the summer and autumn of 1844, perceived a fulness about the upper part of the abdomen, and inconvenience in stooping. In September, 1845, she first applied to a physician. Some weeks later, a circumscribed fulness, soft and yielding, was found in the region of the right ovary. The ordinary routine of treatment was pursued without effect, the abdominal fulness increasing. On the 26th of April, 1847, she was tapped for the first time, in the line of the linea alba. She was subsequently tapped thirty times, and always in nearly the same place. The appearance of the fluid varied at different times: sometimes it resembled thin gruel, twice almost like whey; more frequently it resembled boiling soap. The color was not always the same; sometimes of a dark brown, sometimes lighter. The wound always healed readily till the last tapping, when it kept open several days. The lower limbs were always greatly swollen, and latterly burst open. The swelling always subsided after tapping. The patient died Dec. 7th, 1858, aged 70.

*Section Cadaveris*.—Body generally greatly emaciated. Abdomen much distended. As a good deal of inconvenience was anticipated from the presence of a large quantity of liquid, it was determined to tap before opening the body. For reasons of convenience, the puncture was made through the linea semilunaris on the right side. The trocar being withdrawn, a half fluid substance, looking exactly like soft soap, passed slowly through the canula, which, soon being completely blocked up, was withdrawn, and the usual incision into the linea alba made. The anterior surface of the sac adhered so strongly to the peritoneum as not to be distinguished from it, and the first incision penetrated directly into the sac. Thirty pounds of liquid was then dipped out. The lower stratum of liquid had the same soapy appearance as that drawn by puncture. The sac being emptied, the interior was seen studded with an immense number of smaller cysts of various magnitudes, from the size of a large pea to that of a small cocoanut. The whole cyst having been removed, it was perceived that the puncture in the semilunar line had passed into one of the smaller cysts, without penetrating the great sac. The following table of the number of tappings and quantities removed, has been drawn up by Dr. Appleton Howe, the attending physician.

|                               |                             |                                     |
|-------------------------------|-----------------------------|-------------------------------------|
| April 26th, 1847, 50 pounds.* | July 25th, 1854, 65 pounds. | Dec. 21st, 1857, 68 pounds.         |
| Oct. 10th, 1847, 44 "         | Dec. 24th, 1854, 66 "       | Feb. 8th, 1858, 66 "                |
| June 19th, 1848, 55 "         | May 22d, 1855, 63 "         | March 26th, 1858, 70 "              |
| April 1st, 1849, 60 "         | Nov. 13th, 1855, 62 "       | May 11th, 1858, 70 "                |
| Jan. 8th, 1850, 62 "          | May 8th, 1856, 63 "         | June 29th, 1858, 76 "               |
| Oct. 23d, 1850, 63 "          | Sept. 23d, 1856, 64 "       | Aug. 12th, 1858, 74 "               |
| April 9th, 1851, 65 "         | Jan. 15th, 1857, 65 "       | Sept. 21st, 1858, 73 "              |
| March 11th, 1852, 66 "        | April 14th, 1857, 66 "      | Oct. 24th, 1858, 60 "               |
| Dec. 28th, 1852, 65 "         | June 24th, 1857, 65 "       | Nov. 23d, 1858, 49 "                |
| July 23d, 1853, 64 "          | Sept. 1st, 1857, 64 "       | Dec. 8th, 1858, 30 lbs. at autopsy. |
| Feb. 10th, 1854, 63 "         | Oct. 30th, 1857, 66 "       | Total, 2002 pounds.                 |

\* By weight.

The celebrated epitaph on the Monument of Dame Mary Page, in the Bunhill Fields, states that she was tapped 66 times in 67 months, and had taken away 1920 pints. In the *Philosophical Transactions* for 1784, Mr. Martineau gives the history of the case of Sarah Kippers, who was tapped 80 times in 26 years, and had 6631 pints taken from her, or upwards of 13 hogsheads; 108 pints was the largest quantity taken at once. After death, Mr. Martineau could make the sac contain only 50 pounds.

Dr. JACKSON remarked that the parietes of many of the secondary cysts presented, to a considerable extent, a very unusual appearance, and as if sphacelated by the application of a strong caustic. At first there was thought to be an effusion of lymph, as the result of the inflammation that is liable to occur when the wound does not heal after paracentesis; but no trace of such an effusion was found. The parts referred to had an opaque, dirty-grayish-white, moist, soft, dead look; the change being superficial and as definitely limited as any slough formed upon the surface of the body by a mineral caustic. In a few of the compartments of the secondary cysts was a substance that would be unusual in the midst of the great variety of contents generally found; and that might be compared to a thick, tenacious, snow-white, homogeneous paste.

Dec. 13th.—*Rupture, several times, of an Ovarian Cyst, and ultimate distension of the Peritoneal Cavity by a substance resembling soft soap.*—Dr. JACKSON showed the specimen and reported the case, which occurred in the practice of Dr. A. A. WATSON.

Miss G., æt. 54, had always been quite healthy, though of very sedentary habits. About five years ago, the catamenia ceased, and she very soon afterward had the first of several attacks which it is supposed would warrant the above diagnosis. A rounded, hard, smooth tumor would appear in the region of the left ovary, without tenderness or pain, but with a general feeling of indisposition. In the course of a week or two, the tumor would suddenly disappear, a soft, diffused swelling across the hypogastric region would follow, and she would almost at once be seized with universal cramp-like pains and retching; the pains were so severe, that she would sometimes fall upon the floor when the attack came on, but in the course of three or four hours they would subside. The retching would continue for about the same time, but with little or no vomiting; the hypogastric swelling would gradually subside, the whole attack lasting from about two to four weeks. At first the tumor was about the size of a small apple, but it enlarged somewhat with each attack.

About three years ago, having altogether had six or seven attacks, the character of which was very similar, she had the last, and this was by far the most severe. The tumor enlarged to the size of a pint bowl, and it did not burst for two or three months, the exact time at which the rupture took place being most satisfactorily indicated; she was awoke from her sleep by a sensation as if she had been slapped with the hand upon the tumor, and at once this last disappeared. She then awoke her sister, told her the circumstances, and said that she felt as well as she ever did. In a few minutes, however, she was attacked with the usual symptoms, which, as above stated, were more severe than ever before, the swelling of the abdomen continuing for some weeks.

In the autumn of 1857, enlargement of the abdomen commenced



without the precursor of an attack; and from that time it went on increasing, but it was only since the middle of the last summer that it would have been noticed when she walked abroad. She lost flesh and a great deal of strength; but she was able to do some work as a tailoress, was never confined to her bed, and walked out within three or four weeks of her death. There never was any return of the general pains, and over the abdomen her only complaint was of a sense of weight. The appetite was good to the last, excepting during the attacks; bowels generally well; urine scanty and turbid. Œdema of feet for the last two months. An hour or two only before her death, she said that she felt very sick, but made no especial complaint, and had then only just left her sitting-room. She was never tapped.

On dissection, the peritoneal cavity contained, by estimate, six or seven gallons of a very viscid substance, that was compared, at the time, to soft soap. A stout, muscular man, who works in a machine-shop, and was in the habit of lifting heavy weights, undertook to remove the tub that contained this substance, but found it too heavy; and on setting it down, said that he should estimate the weight at 200 pounds. In the place of the left ovary, was a mass of disease that appeared very satisfactorily to consist of a cyst about as large as the two fists. This cyst had been lacerated throughout the greater part of its extent; the edges, apparently cicatrized, of the laceration, being quite distinct. Its interior was made up of cysts, generally from two to four lines in diameter; and from it there hung off a secretion which was somewhat clear, but altogether too viscid to be removed without great difficulty. The serous surface of the cyst had, in some parts, a dark-brown discoloration; and in others, a brilliantly glistening and silvery appearance, which Dr. Ellis found, on microscopic examination, to be owing to cholesterine. The spleen was quite small, and the investing membrane thickened and opaque, with much of the silvery appearance just referred to. Otherwise the organs were healthy so far as observed.

Dr. J. said that a case of supposed rupture of an ovarian sac into the abdominal cavity, was reported some years ago to the Society, if he was not mistaken; but that was the only one that he had heard of, as having occurred here. In the above case, if it has been rightly interpreted, it is remarkable that the fulness of the abdomen should have subsided after the last rupture of the sac, and not gone on increasing from that time as it did from the commencement of the last year. The disease, however, seemed to be quiescent during the intervals of the previous attacks. Dr. J. remarked upon the curious fact that in the above case, and also in Dr. Fifield's, the same comparison was made to soft soap in speaking of the products of the diseased ovary.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 13, 1859.

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### THIRD ANNUAL REPORT OF THE TRUSTEES OF THE STATE LUNATIC HOSPITAL AT NORTHAMPTON.

IF it be a painful duty for the medical journalist to record the increase which has long been so marked in the number of insane patients,

it is a sincere gratification to be able, simultaneously, to chronicle the erection of comfortable and commodious establishments destined to be their retreats, and, in many instances, we are happy to add, the scenes of their gradual restoration and cure.

For a long time previous to the building of the elegant structure at Northampton, a most pressing want had made itself felt for the accommodation of State lunatics. The Board of Trustees, therefore, could not but press forward the work, which, on the first day of October, 1857, was still incomplete, notwithstanding the zealous and faithful labors of the Board of Commissioners, whose term of service expired at that date.

Many circumstances conspired to retard the work; and not the least was "the destruction of the Turbine water-wheel at the mill from which the supply of water was furnished." \* \* \* Finally, all things being in readiness, patients were first admitted to the Hospital on the 16th of August, 1858. Fifty-one patients were then admitted, and, before the end of September, 177 more had been received—making a total of 228 in six weeks.

We think it will be conceded that the transportation of so many patients, of this class, and their domiciliation, with entire safety, in so short a time, reflects great credit upon all concerned in the transaction. Especially do we think that too much cannot be said in praise of that coolness, forethought, unremitting attention and signal ability of every description, which have characterized the Superintendent's management throughout. We believe it may safely be said that no one could have surpassed—and we think but few could equal—Dr. Prince, in carrying out all the varied details, and meeting the arduous duties attaching to the post. We expressed ourselves very confidently, on his appointment to this responsible place, that he would be found equal to all its emergencies; and he has abundantly proved himself so. The Trustees, and the community at large, may be alike proud of him, as so well filling the position unanimously accorded to him, and also satisfied that he will not rest here—but that everything will, in the future, be done to secure the well-being of the unfortunate inmates of the Hospital, and to merit the fullest trust of all who are interested in this and similar institutions.

Dr. Prince's Report, as Superintendent, is a very full and lucid statement of the affairs of the Hospital, thus far. As was to be expected, and as is highly proper, he has given somewhat extended details of the construction of the building, and of its appurtenances and inner machinery. This is an exceedingly interesting portion of the Report; and will be of permanent value—especially in view of the necessity for building other structures for the same purpose—a contingency by no means unlikely to be entailed upon the State Government at no distant day.

We wish our limits allowed us to transcribe larger portions of the Report than we have selected for our pages; those who have the opportunity, should not fail to avail themselves of it, to read the entire document. It was our good fortune, last autumn, to spend a short time with Dr. Prince in examining the Hospital; and we can truly say that the visit afforded us great pleasure. Not to mention the unrivalled situation which the institution enjoys, and the beautiful prospect which it commands, the interior arrangements are of the most perfect description—combining usefulness, ample space, comfort and



even elegance, with, at the same time, the strictest adaptation to the peculiar necessities of the patients. With respect to the *site* of the Hospital, we need only quote the following from Dr. Prince's Report :—there are but few, in New England, at all events, who are not familiar with the unusual beauty of the landscape referred to. "The farm and grounds connected with the institution were purchased in 185 , and consist of one hundred and seventy-five acres of land in one lot, lying about one mile in a westerly direction from the centre of the town of Northampton, separated from it by a narrow river, which forms the northern and a part of the eastern boundary of the estate.

"The surface of the ground is beautifully diversified with hill and grove and meadow, presenting delightful views as seen from the windows of the Hospital. \* \* \* \* \*

"The Hospital stands on a commanding elevation, nearly in the centre of the farm, fronting the east. It is protected on the north and north-east by a dense grove, but has on the east and south-east an extensive open lawn, over which is an unobstructed view of the town of Northampton and the Holyoke range of mountains, of the broad meadows bordering on the Connecticut River, and the town of Hadley on the opposite bank, and beyond, and higher up the hill-side, of Amherst and its college-buildings."

With respect to the interior of the Hospital, it is impossible for us to go into detail. We can say, however, that *nothing seems to have been left undone*, so far as we could personally observe, or can now note, in reading the Report, to attain the utmost measure of security, comfort, neatness and convenience. The institution is, in fact, a model, and speaks well for the good taste and judgment of those who conceived, designed and executed it—both as a whole, and with regard to all its paraphernalia. We must restrict ourselves, for the present, at least, to a few more lines from the Superintendent's thorough and able Report.

"The whole number of rooms in the building which can be used as chambers for patients and their attendants, is two hundred and ten. Six of these are large dormitories capable of containing ten beds, and six are for two beds. Each room is furnished with a substantial and comfortable bedstead and beds—generally a husk and a hair mattress—to which are added, when the condition of the patient will allow it, a looking-glass, bureau, chair, table and strip of carpet."

*Ventilation* is appropriately cared for—and we intend hereafter to recur to the subject, and to mention the plan adopted for securing that supply of air so necessary in every building to be occupied by human beings—but especially for hospitals and similar establishments.

In respect to *lighting* the apartments, the Report says :—"The hospital is abundantly lighted throughout by gas, which is supplied by the Northampton Gas Company. This gives to all the halls and parlors a very desirable air of cheerfulness, which stimulates and encourages to social intercourse, and gives opportunity for reading, writing, and various games by which the evenings are made to pass pleasantly and profitably."

Dr. Prince states that a beginning has been made for a library ; and we cannot but express the strong hope that so necessary an appurtenance will soon be supplied. The Superintendent ought to be continuously furnished with the best literature upon his peculiar branch

of medical science; and he should be consulted as to the books and journals most suitable for his purposes.

We are struck with the large proportion of *foreign* lunatics which have been sent to this Hospital; and while we would not deny to such the privileges of so noble an institution, we think that at least a fair division should be made—and our own countrymen have a chance at the *goodly places* provided by the State. We know that many circumstances contribute to swell both the pauper and the lunatic lists among foreigners, here—but we still think there is ample reason for our remark; and, to our mind, we are furnished by the above facts with an argument for diminishing—were it possible—(and why should it not be?) the immense influx of foreign population into the United States. Hear the Report on this subject:—"It will be seen from this table (a table showing 'the occupation of eighty-six male patients,') that a large proportion of our male patients are common laborers. They are mostly foreigners who have learned no trade. Driven from their early homes by poverty, ignorance, and delusive hopes, they are thrown on our shores, and left to contend as they may with the new circumstances around them, until disappointment, or sickness, or intemperance, or other form of vice, extinguishes the feeble light of reason and consigns them to a lunatic hospital. They are unpromising patients. They do not recover in so large a proportion as others, and consequently contribute largely to swell the number of incurable cases which crowd the wards of our hospitals." In presenting this statement—so worthy of note—we cannot but refer to the constant and well-known facilities held out, so injuriously, in every way, as we conceive, by ship owners and agents, for the emigration of unfit persons to this country. Not only do countless "Biddies" lure innumerable "Patricks"—(and *vice versa*)—hither from the Emerald Isle, but throngs of poor creatures are induced to come by the representations of agents, who had far better staid at home. This species of traffic and gain-getting is akin to the Coolie trade!

Dr. Prince, in concluding his Report, pays a handsome, and we doubt not a well-merited compliment to the Assistant Physician, Dr. A. W. Thompson, "for the faithful and zealous performance of the duties of his office;" and expresses his thanks to the other officers of the institution for their prompt and efficient coopération.

Besides the officers appointed by the Trustees, viz., a Physician and Superintendent, an Assistant Physician, a Treasurer, a Clerk, a Farmer and an Engineer—there is a Supervisor in both the male and female departments, a Housekeeper, a Seamstress, a Laundress, a Baker, and several attendants.

The institution is in every respect worthy of the State; and cannot fail to be all that can be desired under the efficient management it enjoys.

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#### NEW EXPERIMENTS WITH M. GROUX.

M. GROUX, whose thoracic peculiarities have so greatly interested the medical world, is still in the city and daily submitting himself to observation and experiment. The profession is also greatly indebted to Dr. J. B. Upham for his courtesy in giving convenient opportunity, at his own house, for every investigation that could be desired, and his zeal in making these researches profitable. We are happy, also, that he is



likely to acquire for himself no little gratification and fame, by the application of a new mode of rendering precise and unmistakable some of the phenomena which it has hitherto been impossible to render certain to all observers alike, and at the same time to make an indisputable record of them. This is done by the ingenious application of an electro-magnetic apparatus, so that every pulsation is made to click the chronographic machine, or to strike a bell, and be recorded at the same time and in the same manner as telegraphic communications. By this means the coincidence or variation of the pulsations of any two points are made audible to any number of persons, and the recorded results are the subject of exact calculation. In the carrying out of this idea he has been aided by Mr. Farmer, the well-known telegraphic engineer, who has displayed the same ingenuity and scientific skill that he has shown on other occasions. The experiments require great delicacy of machinery and manipulation, and have been pursued for many days with great patience, until there can no longer be any doubt of their feasibility and ultimate perfection. We had the pleasure, a few evenings since, in company with many others, of witnessing a series of these experiments, which were received with enthusiasm. The electro-magnetic appliances on this occasion were under the supervision of Mr. Farmer, the gentleman above named, assisted by Messrs. Stearns and Rogers, of the City Telegraph Office.

We learn that the experiments have since been repeated, in connection with the exact and delicate apparatus in the Observatory at Cambridge—the operating forces were divided, one portion taking their post at the Observatory, the other in Boston. The principal agent, M. Groux, himself, being here, the heart's impulses were transmitted over the electric wires, and instantaneously recorded at the Observatory. On joining forces and comparing the results with those obtained in previous trials, they were found in a remarkable manner to agree.

Dr. Upham will, no doubt, at some future day, give a detailed account of these experiments, of the apparatus employed, and the results derived from it. It is an entirely new addition to our resources for obtaining physical signs, which may be extensively applied.

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*Physician's Hand-book of Practice for 1859.*—We have received this little work, by Dr. William Elmer, which is designed to be carried in the pocket, and to aid the practitioner in treating his patients, in recording his cases, and in keeping his accounts. In a very concise form, it contains a Classification of Diseases, a List of Remedial Agents, Remarks on the Writing of Prescriptions, Marshall Hall's Ready Method in Asphyxia, Poisons and their Antidotes, a Register of Treatment, and many other things useful to the physician. We have no doubt it will meet with a ready sale among the large class of medical men who require such a work.

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*Medical Students in the Schools of New York.*—It is stated in the *New York Medical Press* that the size of the medical classes in that city the present season, as given in our *JOURNAL* of the 23d ult., on the authority of the *Nashville Monthly Record*, was too small. The following is given as the true numbers: University of New York, 350; College of Physicians and Surgeons, 180; New York Medical College, 107.

*Physician's Visiting List for 1859.*—The publishers of this useful little book sent us a copy, several weeks since—we think, however, we did not chronicle the fact. We need only say that the success of the work has long been beyond a doubt; and the present issue maintains its already established character. We are sorry the donors sent us a double number, because we fear we shall not be able to fill its fair columns with the names of patients. The health of the city has, for a long time, been *alarmingly good*! Perhaps more encouraging prospects will open upon us all in the Spring. Meantime, a "Happy New Year" to everybody!

*Hints to Craniographers.*—Dr. J. Aitken Meigs, of Philadelphia, who devotes himself to ethnological researches, has published, under this title, a loud call upon the profession for human skulls, for the collection of which he has a passion. Catalogues of crania in public or private collections will be highly acceptable, and more so if with a description of the source and history of each. The museums of the several medical colleges in Philadelphia contain 450 skulls, and the Mortonian collection in the same city is the largest in the world, belongs to the Academy of Sciences, contains 1,100 crania, and represents 170 different races and tribes of the human family.—*American Medical Gazette*.

*Norwood's Tincture of Veratrum Viride* is made by macerating the dried root, eight ounces, in alcohol, sixteen ounces, for at least two weeks. This is supposed to make a saturated tincture. Its dose is eight drops for an adult, repeated every three hours, increased by one drop each dose, until the effects are decided.—*Am. Drug. Circular*.

*Glycerine* is a thorough solvent of iodine, and is superior to alcohol as a vehicle for iodine, when it is intended for external application, on account of the slowness with which it evaporates.—*Idem*.

IN the account of a people called *Náh-pih-shen*, near Manilla, parturient women are placed in a tub, into which water is poured with the design of facilitating the accouchement.

*Health of the City.*—The deaths during the last week were unusually few; the number of those between the ages of 20 and 40 was 16, of those under 5 years 14. The number of deaths for the corresponding week of 1858 was 78, of which 13 were from consumption, and 4 from pneumonia.

THE St. Joseph, Mo., Medical Society has started a new medical journal, to be issued bi-monthly.—Dr. W. Pepper has resigned the position of Physician to the Pennsylvania Hospital, to take effect immediately.

*Books and Pamphlets Received.*—Erichsen's Science and Art of Surgery. (From Brown, Taggard & Chase.)—Hunter and Ricord on the Venereal. Edited by Bumstead. (Do.)—Condie on the Diseases of Children. (Do.)—The Microscope in its Application to Practical Medicine. By Lionel Beale, M.B., F.R.S., &c. (From the Author.)—Theory of Consumption: Dr. McCormac's Letter to the Imperial Academy of Medicine.—Transactions of the American Medical Association, 1858.

DIED.—In London, Eng., Dr. Bright, Physician Extraordinary to the Queen, aged 70.

*Deaths in Boston* for the week ending Saturday noon, January 8th, 56. Males, 26—Females, 30.—Accident, 2—inflammation of the bowels, 1—inflammation of the brain, 2—disease of the brain, 2—consumption, 21—diarrhœa, 1—dropsy, 1—dropsy in the head, 1—infantile diseases, 5—erysipelas, 1—typhoid fever, 1—disease of the heart, 4—disease of the kidneys, 1—inflammation of the lungs, 2—congestion of the lungs, 2—old age, 5—teething, 1—unknown, 2—whooping cough, 1.  
Under 5 years, 14—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 33—Ireland, 15—other places, 8.



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## CASE OF SCARLATINA.

[Reported to the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY ROBERT WARE, M.D.

J. H., 16 years; Irish servant; usually good health, though the catamenia, which appeared two years ago, have been irregular during the past six months, was visited Wednesday, Sept. 29th. I learned that, after a restless night on Tuesday, with some vomiting, though no soreness of the throat, she found at daylight she was covered with a rash. Has now a full scarlatinous eruption, which is of good bright color, and returns well after pressure. Skin very hot. Pulse 120. Tongue with prominent papillæ (white strawberry look). Slight congestion of the fauces, but no swelling or ulceration; no headache, and mind clear. There was slight puffiness about the face, and a little œdema of the feet. I learned that, two weeks ago, she had an eruption like the present, without sore throat or vomiting, which remained about four days, and faded gradually, becoming darker as it disappeared; that peeling of the skin began on the back of the neck, three or four days before my visit. There is now marked desquamation at back of neck, and some on arms. On the following day, I found the eruption a little less intense, still of good color and punctated. There was no more trouble in the throat; the tongue had lost its white coat, and was clean, red and moist, with very prominent papillæ. My note says, the desquamation at the back of the neck looks like second week of scarlatina. On Saturday, the eruption had nearly faded; the desquamation was pretty general. Pulse 100. Œdema still of face, and feet pitted slightly. The skin very harsh and dry. There was considerable albumen, with a few epithelial casts in the urine, which was scanty and deposited urates largely. Frequent short cough, with dryish râles at back.

From this time, to Friday, Oct. 8th (being the tenth day from the appearance of the eruption), she was very ill. She had little sleep, but her mind remained clear, though she complained that

she could not remember what happened about her. Her face became more swollen, the eyelids were closed with some difficulty, the lips were cracked, the teeth covered with dark sordes, the tongue clean and red, with some dryness on one or two days. The desquamation was extensive, the skin excessively harsh and dry, and the new skin cracked at the back of the neck and exuded serum in considerable quantity. The œdema remained about the same. The urine continued scanty, but the albumen was diminished in quantity. The pulse continued at 120, and she had much distressing cough. There were no signs of serious difficulty in the chest. During this time she was treated with Dover's powder and quinine, spts. Mindereri, the bitartrate of potash, steam baths, and the whole body was rubbed with glycerine or with cold cream. The diet was mostly of beef-tea, milk, and a bit of cracker soaked soft. She lay constantly on her back, with eyes and mouth open, the whole face covered with crusts of the dried serum, which exuded over the face from the cracks in the new skin. The eyes and nose became gummed, but there was no affection of the conjunctivæ till Saturday, the 9th of October. On Friday (the day before), there was considerable improvement in her general symptoms. The pulse fell to 92, the appetite was better, the albumen had diminished to a mere trace, the œdema of the feet was gone, and there were no casts of the tubuli found. The cough was less distressing. On Saturday, Oct. 9th, she complained of pain in the eyes, and there was found redness and swelling of the conjunctivæ of the lids. She had an attack of conjunctivitis, with sero-purulent discharge, a muddy cornea, and partial eversion of the eyelids.

From this date the general symptoms improved. The pulse ranged from 80 to 90, she slept and had some appetite, but was kept ill by the process of desquamation, which was accomplished in the following way. As the old epidermis peeled off, the new skin was seen beneath, very red, smooth and shining. After a few hours, serum would begin to ooze from it, though in minute drops; these would dry, the skin seem to be gradually disintegrated beneath the crusts, and minute ulcerations be formed, which gradually extended themselves, discharging a sero-purulent fluid. In some places, this discharge was slightly tinged with blood. The discharge would gradually dry and fall off, leaving a third layer of skin to go through the same process. In some spots, the new skin would dry and then become wrinkled, crack, and serum exude from the cracks, instead of appearing in minute drops as above described. This was the more common course in the third layer, which was destroyed. It was not till the 20th to the 30th of October, upward of four weeks, that the permanent skin was formed anywhere. During this time, she presented a curious spectacle. The serum drying on the face, with the flakes of epidermis, formed a complete mask over the face; the eyes and nose



were clogged with cakes of dried serum; she lay constantly on her back, with her eyes closed, but spoke up quite brightly and cheerfully; the body exhaled a sickish odor; her face had a good deal the look of a person with confluent smallpox (Dr. J. Ware, who saw her during this time, compared it to this, and said he never saw anything like it resulting from scarlet fever). For several days, any movement produced much pain in the fissures about the joints, so that she lay nearly as still as a patient with acute rheumatism.

Oct. 26th.—A small abscess began to gather in each axilla, causing much discomfort. There was still considerable serum oozing in some parts of the arms, but it appeared to have ceased entirely over other parts of the body. From this time she improved pretty steadily, and began to sit up about the middle of November. At this latter period the whole scalp became covered with a thick yellowish crust, and the hair fell out in large quantities. The head was shaved, and poultices applied.

Dec. 6th.—Found the patient had been out. The skin is still harsh and dry; the papillæ of the tongue are still prominent; the crusts have been mostly removed from the scalp, but there is as yet no appearance of fresh growth of hair.

This case is of interest from the short period which elapsed between the two attacks of the disease—perhaps more properly we might consider it rather a relapse, than a second attack—and from the manner in which the process of desquamation was accomplished. She had never had scarlatina during childhood. The first attack was mild, and did not confine her to her bed; the anasarca was probably the result of that attack. Gregory states that dropsy usually appears from the tenth to the thirtieth day after the decline of the eruption. Cazenave says in eight or ten days after the eruption subsides. Wilson, between the tenth and twentieth day after the decline of the eruption. Barthez and Rilliet state that the usual time is from the twelfth to the twenty-fourth day, and quote a number of writers as agreeing very nearly in this opinion. It would seem that in this case it appeared about the twelfth day from the decline of the eruption.

Though the stress of the first attack fell upon the kidneys, it is interesting to note that the second attack did not increase the affection of those organs, which returned to their healthy condition even while the skin was profoundly affected. The process of desquamation was accomplished in a manner which is certainly exceptional. I do not find in Wilson, or Cazenave, or Gregory, or Barthez and Rilliet, any description which accords with what was observed in this case. In the detailed account of the desquamation, which these latter writers give, they lay considerable emphasis upon the dryness of the whole process. I am inclined to think that the skin was left, by the first attack, in an abnormal condition, which influenced the course of the second attack. Desqua-

mation could not be considered completed before the 1st of November, a period of thirty-four days from the appearance of the second eruption.

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## LECTURES ON ASTHMA.

DELIVERED AT HOTEL DIEU, BY PROF. TROUSSEAU.

[Translated from the *Gazette des Hopitaux* of September 2d, 1858, for the Boston Med. and Surg. Journal.]

### LECTURE II.—SOME OF THE CAUSES OF ASTHMA.

I SAID in my last lecture that among the causes of asthma are some which are particularly worthy of notice on account of their importance; such are the circumstances of residence, climate and temperature. I will give you some examples in illustration.

Five years ago, a young man came from St. Omer to consult me. Subject to very frequent attacks of asthma, he availed himself of an interval of respite to take the journey. After his arrival in Paris he had some return of his complaint, but less violent than before, and after two or three days he was cured. His recovery seemed to me astonishingly rapid, and I attributed it to the influence of climate, anticipating that sooner or later the event would confirm my opinion. The patient remained here three weeks; during this time he had but a single attack. Finally, he came to take leave of me; he departed for Versailles, and this journey was to be the proof that I was waiting for. On the first night that he passed in that city, at the very gates of Paris, so to speak, where he had been so well, he had a most terrible attack; in the morning, he did not find himself in his habitual state of health, and in the evening a new attack came on as before. The following day, he resumed his journey to St. Omer, passing by the way near the capital.

What had led me to anticipate that this journey to Versailles would furnish the evidence I expected, was what the patient had told me. His attacks, he said, had begun in his native town at the age of 19; two years after, his father had taken him to London on business, and from that moment, having borne the passage over, which he greatly dreaded, without the slightest attack, although living in the midst of the fogs of the Thames, which are blamed, perhaps with some degree of exaggeration, he never experienced the slightest return of his complaint—and notwithstanding that, during the two years of his life in England, he led the life of a young man, a life of divided work and pleasure, exposing himself to all the causes of catarrh. During this time, although he did not escape colds, he had not a single attack of asthma, and his colds had left him much more promptly than they had in France. After his father's death, the young man returned to St. Omer; hardly re-established in that town, he had a renewal of his old attacks; and at last, after two years of torment from this complaint, he decided



to come to see me. Having prescribed a course of active treatment for him, I sent him back to his own town, and some months afterward he sent me word that he remained in the same condition. I tried to induce him to return here. He replied that it was impossible for him to undertake the journey, his condition was so serious; I nevertheless insisted upon the necessity of his quitting St. Omer. The patient was transported, rather than came, by the railroad, and from the moment of his arrival at the Hotel, where he alighted in Paris, his oppression became less; a few days after, his relief was complete. I had then no other advice to give, but to forbid a residence at St. Omer, and I persuaded the patient to place himself at the head of his house in London.

An old advocate, a friend of mine from childhood, passed, every year, three or four months on his estate of Calvados. Perfectly well at Paris, he scarcely arrived at his place in the country, when he had an attack of nocturnal asthma, coming on, usually, at 10 or 11, P.M. His dyspnoea was such that he was obliged to pass his nights at the window, notwithstanding the cold of the autumn nights. The following morning he was relieved, and was able to resume the course of his usual occupations.

A third instance. I have among my patients two brothers, twins, both very rich, both keepers of famous gambling houses, and so extraordinarily alike that it is impossible for me to distinguish one from the other, except on comparing them side by side. This resemblance was not limited to physical appearance merely, for they had, allow me to say, a pathological resemblance even more remarkable. For instance, one of them, whom I saw at Neothermes, sick with a rheumatic ophthalmia, said to me, "at this moment, my brother ought to have an ophthalmia like mine." And as I expressed my surprise, he showed me, two days after, a letter which he had received from his brother, then at Vienna, which said, in effect, "I have my ophthalmia, you ought to have yours." However singular this may appear, the fact is nevertheless true; I witnessed it, and I have seen other analogous cases in my practice. To resume: these twins were both asthmatic, and asthmatic to a fearful degree. Born in Marseilles, they had never been able to live there, where their interests often called them, without experiencing an attack; they never had one in Paris. Better still, it was sufficient for them to go to Toulon to be cured of their Marseilles attacks. Travelling often, and necessarily in all sorts of places, they had remarked that certain localities were deadly to them, while in others they were quite exempt from annoyance.

There is, then, a rule for asthmatics, and it is important that I should mention it, for I shall make great account of it when I come to speak of the nature of this disease.

A young physician, Dr. E. Vidal, has mentioned to me a fact which he had himself observed, and which properly comes in here. He knew a sea-captain, for a long time affected with this complaint—

for many years in fact. Every time he went to Peru to take in a cargo of guano, his attacks ceased from the moment of his arrival at the Chincha Islands, where he took in his guano; and his disease, of which he did not then experience the least symptom, from which he seemed radically delivered during the time of his voyage from America to France, returned as soon as he went on shore and breathed an atmosphere not charged with guano. This fact is explained, to a certain extent, better by another influence. You know what guano is, and those who have seen it know also how penetrating the odor is which it gives off, an odor excessively ammoniacal. I shall tell you, in speaking of treatment, the part which ammonia sometimes plays in calming attacks of asthma.

The influences of temperature are not less singular in the production of this complaint.

The sufferer from catarrh dreads the cold, which easily influences him, and becomes the cause of new symptoms; he keeps himself habitually well clothed; in winter he seldom goes out, but keeps in the chimney corner. The asthmatic, on the contrary, seeks for plenty of fresh air, he has a horror of small apartments, of low ceilings, which seem to weigh upon his chest; he dreads woollen draperies. However rich he may be, you will find him usually occupying a chamber either without curtains, or supplied with very light ones; his bed has none; thick draperies and curtains overwhelm, oppress, suffocate him; in the very heart of winter, open windows are as necessary to him as in summer; in a word, he needs a great body of air. That this want is real, that it may be the effect of the imagination, a sort of mania, you will often find, as I shall show you.

Among the peculiar eccentricities which show us also the essentially nervous nature of asthma, there is one which has not escaped the attention of any observer, namely, that in the space of twenty-four hours the asthmatic has his attacks at certain hours, and not at others.

My poor mother, whom I had the misfortune to lose twelve years since, and from whom I inherit the asthma with which I am affected, my poor mother had her attacks at eight o'clock in the morning. The rest of the day she came and went with an activity which never failed her, and her nights were good.

I knew the master tailor of a regiment of carabiniers, then in garrison at Saumur, who was regularly seized at three o'clock in the afternoon. The attacks were so regular that, on account of this perfect uniformity of the hour at which they came on, I believed them due to a marsh miasm, a kind of masked intermittent. I gave him, however, the sulphate of quinine in vain.

Although there are thus some examples of diurnal asthma, most commonly it is at night that the attacks come on. Generally, it is from ten to twelve o'clock at night. And the influence of the bed, of the decubitus in the horizontal position, is here of slight impor-



tance; whether the individual is a-bed or up, the attacks return at the same hour of the night; in some, they occur a little later. Thus, in my own case, they come on about three o'clock in the morning. Invariably, I am awakened at that hour, and hear the hammer of my clock striking its three blows. At the same time these exceptions do not weaken the general rule.

I have told you that asthmatics seek for nothing so eagerly as fresh air; and, singular fact! nervous asthma is oftener observed in summer than in winter. The attacks occur much more often in the months included between May and November than from November to May. Another thing worthy of remark—asthma is a more common complaint in equatorial regions than in temperate or frigid zones, and yet every one knows how rare thoracic affections are in warm countries, where diseases of the liver and digestive organs predominate over all others. In these countries, catarrhal affections are observed without doubt, but as exceptions; at least so English physicians who have lived in India have taught us, where, Simms says, asthmatics are very numerous.

Thus asthma is a disease of warm countries, it is a summer disease, and when those who are affected with it take cold during the cold season, they recover much more rapidly from their catarrhs at that time than they do in summer, other things being equal.

S. L. A.

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#### VOLUNTARY SUSPENSION OF THE PULSE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—At your request, I send you an account of a case I saw in London, in 1856. You were pleased to say that such an account would not be devoid of interest for your readers at this time, when the many curious phenomena presented by the case of M. Groux are exciting so much attention. The particular point to which I would now refer in that gentleman's demonstrations is the power he possesses, by making a violent effort upon a full inspiration, of stopping all pulsation in his left arm. Dr. Bowditch took occasion to remark in respect to this, before the Suffolk District Medical Society, "that to produce the effect in question, an exertion was required on the part of M. Groux, so violent and fatiguing that he had been strongly advised, for his own sake, to make it as seldom as possible." In the case which I will now give, which I was permitted to see by the kindness of Dr. Sibson, of London, in his wards at St. Mary's Hospital, the same effect, to wit, total extinction of the pulse in the left upper extremity, was produced at will by a very moderate, and by no means fatiguing effort.

The patient, a young man between 20 and 30 years of age, had, it appeared, lost, as a consequence of phthisis, a large portion of the right lung. The disease had been, to all appearance, arrested

at this point, and the patient regaining, to a certain extent, his former health and vigor, the left lung had become very much enlarged. When this young man took a full breath, with his arms hanging naturally at the side, the pulse in the left radial artery ceased instantly, and remained extinct so long as he held his breath. When, on the contrary, he held his arm above his head, the fullest inspiration, made with a strong effort, did not suffice to extinguish the pulse, although a certain diminution of its fulness could at such times be perceived. The following was the diagnosis of Dr. Sibson, to the best of my recollection. "Extensive destruction of the right lung, with a compensating enlargement of the left. On a full inspiration, the enlarged lung so forces up the first rib as to entirely cut off the current of blood flowing through the left subclavian artery. This effect is produced all the more easily, that the left subclavian, rising almost perpendicularly from the aorta, is forced to cross the rib at a very acute angle as compared with its fellow of the right side. Now, on raising the arm above the head, this angle is rendered much less acute, and accordingly the pulse is instantly perceived."

This power over the pulsations in the left arm is, I believe, by no means confined to persons presenting deviations from the normal condition in the parts in and about the chest. Almost any one, by expanding his lungs to the full, can assure himself of this with a very little trouble. The case I have just cited is, therefore, only curious as presenting the thing in a clear, unmistakable manner, and as showing how the simplest anatomical facts come sometimes to be important in the diagnosis of disease.

J. E. B.

## Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Oct. 11th.—*Puerperal Convulsions*.—Case reported by Dr. AYER.

Was called to Mrs. S. in the morning of Sept. 25th. She was 22 years of age, short in stature, square built, with short neck, and pale countenance. Her husband, a shipmaster, had just sailed on a foreign voyage, and she had been much fatigued by preparations for his departure, and disappointed in not accompanying him. She was kneeling on the floor, with apparently strong labor pains. She had slight "show," I was told, and on examination, *per vaginam*, the os uteri was found pendulous, corresponding to the seventh month of pregnancy, and dilated to the size of a quarter dollar. The vagina was undilated and perfectly dry. The urine was free, and the bowels open. Rest was enjoined, and the evening visit found her condition unaltered—the labor had not advanced, and the pains had subsided.

26th. Morning visit.—The patient had been restless and feverish through the night; the pains had not returned. Her mind was con-



fused—was unable to put out the tongue, or speak distinctly. The pulse was rapid but not strong, and the head hot. Ice was ordered to the head, sinapisms to the feet, and an enema, composed of six drachms of the tincture of assafoetida with two ounces of warm water.

At 11 $\frac{3}{4}$ , A. M., Dr. A. was called from church. The patient was in convulsions—strong clonic spasms extending over the whole body—there being grinding of the teeth, and perfect insensibility. The pupil was sensibly contracted. The pulse disappeared under the fit, and returned slowly; its volume was moderate. The head was cooler than in the morning. There was no frothing at the mouth, but the breathing was sibilant. The rigidity of the arms continued through the intervals of the paroxysms. The convulsions recurred at intervals of from fifteen to thirty minutes during the afternoon. The symptoms of labor had increased, and every active pain was attended by a convulsion. The inhalation of ether was immediately resorted to, the ice to the head being continued. At 6 o'clock, P. M., the membranes were ruptured, and the uterine contractions soon increased in force. The convulsions, attending every active pain, were from two to five minutes in duration. At 8 o'clock, a drachm and a half of ergot, in decoction, was given by enema. In less than an hour the pains became decidedly stronger, as if influenced by the ergot. At 10 $\frac{1}{2}$  in the evening, the patient was delivered of a seventh month still-born foetus. Little blood was lost at the birth, and the placenta came away kindly. There was a respite of two hours, the patient remaining entirely unconscious; afterwards the convulsions returned with their former severity, and ether was continued at every attack. During the night she was very ill, and it was difficult to keep her on the bed.

27th, Monday morning.—The convulsions still continued; the febrile re-action had increased; pulse 100, and tense; pupils were yet contracted, and the patient was unconscious. Six leeches were ordered to the temples, and enemata and ice to be continued. Patient has been unable to swallow since yesterday noon. The convulsions continued through the day at short intervals, her tongue and lips being bitten, but without frothing at the mouth. The insensibility in the evening was complete.

28th.—Convulsions recurred through the night, but at longer intervals. Skin intensely hot; pulse rapid, though weak; patient unconscious. At 10 $\frac{1}{2}$ , A.M., she had a violent convulsion, which proved to be the last. The muscles began to relax, and she could take rice-water by the teaspoonful. She had taken a teaspoonful of cold water occasionally during the last twelve hours. The bowels and urine were free, and no serious abdominal symptoms occurred. The lochial discharge was very slight. She had, during a space of forty-seven hours, by estimate, at least fifty distinct and severe epileptic convulsions. During this time she inhaled 9 $\frac{1}{2}$  pints of ether.

After the subsidence of the convulsions, the patient presented the usual symptoms of congestion of the brain. Six leeches were applied to the temples, after which the pulse became less rapid and small. The congestion began gradually to subside, and the pupils to dilate. No abdominal symptoms; consciousness returned very slowly. On Thursday, 30th, she recognized her mother, and sat up to have the bed made. On Friday, 31st, she answered to her own name, but appeared entirely unconscious of the past. As the congestive stage diminished, a large blister was applied to the left arm.

The symptoms have steadily improved up to the present time (Oct. 11th), and she is able to sit up half an hour three times a day. Dr. A. remarked that he did not bleed the patient, except by twelve leeches, as her pulse and general appearance, in his judgment, did not require it. Perhaps the loss of blood might have given some temporary relief, but subsequent prostration was feared. She had never had epilepsy before, but it appeared from the statements of her friends that she was of nervous temperament, and subject to fainting turns, after excitement or fatigue.

OCT. 25th.—*Cancer of the Uterus and its Appendages*.—Specimen shown by Dr. BORLAND.

Mrs. M. B., æt. 40, entered the Channing-street Hospital for women, June 24th, 1858. She had been a widow for one year, and had had five children. She had an hereditary tendency to phthisis, but had always enjoyed good health until 14 months before her entrance, when her child, a nursing infant, died; afterward she had a broken breast. Soon after this, she had pain in micturition, which had continued ever since. She also suffered from pain across the lower abdomen. Seven months before her entrance, she began to have a discharge from the vagina, at first white, then dark colored, afterward black. She had been unable to work for three months, and for the past month had been in bed.

At the time of entrance, she complained much of pain in micturition, and across the lower abdomen. Pulse 84. Examination by the speculum and finger revealed a hardened and ulcerated cervix uteri. The front of the vagina and meatus urinarius were similarly affected. There was also copious bloody dark-colored and very offensive discharge. She remained in the Hospital till Sept. 19th, when she died; the treatment being merely palliative, to overcome pain and the annoyance from the fœtor of the uterine and vaginal discharges.

*Sectio Cadaveris.*—The autopsy was made eighteen hours after death. No disease was found except in the pelvic cavity. The uterus and its appendages were wholly involved in one cancerous mass; about one third of the neck of the uterus being wholly gone. The interior of the uterus and vagina was blackened. Nodules of the disease were found at the neck of the bladder and studding the lower part of the abdomen.

Microscopical examination showed large irregular nucleated and somewhat caudate cells.

OCT. 25th.—*Absence of the Mammary Secretion*. Dr. PAGE mentioned the case of a woman about 26 years old, and confined with her first child, who, on the fourth day, had a slight secretion of milk, which, however, disappeared in twelve hours after. The patient had had, within the past five years, twenty-six axillary abscesses. He questioned whether the latter could have had an effect in interfering with the peculiar function of the mammary gland. The breasts were remarkably large and well formed.

Nov. 22d.—*Poisoning by Arsenic; Conversion of the Arsenic into Sulphide of Arsenic by Decomposition of the Membrane of the Stomach*. Dr. CHARLES T. JACKSON presented to the Society a show-bottle containing the stomach and duodenum of Mrs. Rose, of Charlestown, who died from the effects of arsenic, in February, 1850.

In this bottle was a rich orpiment yellow mass, which was produced by the spontaneous changes which had taken place in the organs



charged with arsenious acid, in which arsenious acid had become converted into the yellow sulphide of arsenic, the sulphur having come from the membranes of the stomach and intestine. Dr. Jackson remarked that Mr. Rose, the husband of this woman, had died of a disorder supposed at the time to be Asiatic cholera, but circumstances raised the suspicion of his having been poisoned. He was buried in July of the year previous to the death of Mrs. Rose. By order of the coroner, the body was disinterred, under the direction of Dr. Jacob Hayes, of Charlestown, and the stomach and its contents were placed in Dr. Jackson's hands for analysis. An abundance of arsenic was found in the state of the yellow sulphide, which covered the whole surface of the mucous membrane of the stomach and filled the small intestines.

In order to demonstrate the fact that sulphide of arsenic will be produced by the decomposition of organs charged with arsenious acid, Dr. Jackson had, after proving the presence of that acid in Mrs. Rose's stomach, kept it until the sulphide was formed as it now appears. In these two cases of poisoning, no legal trial took place; and the suspected party, against whom the Grand Jury found a bill, was discharged by *nol. pros.*

Dr. Jackson also exhibited to the Society a quantity of phosphorus (about twenty grains in weight), which he obtained from the stomach of Debora O. Connel, deceased, and who was poisoned, undoubtedly, with a rat exterminator containing phosphorus, arsenic, lard, honey and Venetian red. It is not yet known whether this death was by suicide, or whether it was a case of murder. The latter is strongly suspected to be the case, as this girl had a large amount (\$150) in money the evening before her death, and no money was found afterward. As yet, the officers of justice have not discovered any person implicated in the crime. This case has already been reported. See *Soc. Rec.*, p.

DEC. 27th.—*Dislocation of the Transparent Crystalline Lens into the Anterior Chamber.* Dr. WILLIAMS reported the case of a patient about thirty years of age, who was exhibited by him to this Society, 11th Dec., 1854, at which time the crystalline of the right eye was dislocated into the anterior chamber. The lens was also displaced in the left eye, though it had never slipped through the pupil.

Since the above period, by the observance of the precautions enjoined by Dr. W., the lens has rarely been projected through the pupil, and, when this has once or twice occurred, it has readily returned to its place after lying upon her back for a short time. Three weeks since, however, on making a slight effort whilst stooping, dislocation into the anterior chamber again occurred, and it has remained in this situation. The symptoms have been, dull circum-orbital pain, and diminished vision, whether with or without the cataract glasses she has been obliged to wear to replace the absent lenses; but there has been no injection of the eye. The lens has a very sharply-defined edge, is slightly straw-colored in tint, like a large drop of olive oil; but is perfectly transparent, so that the structure of the iris, considerably magnified, could be seen through it. It formed, as it were, a pouch for itself, at the bottom of the anterior chamber, pressing heavily upon the lower part of the iris. There was no appearance of any attachment, as by a suspensory ligament, passing through the pupil. On the contrary, the pupil was rather contracted and perfectly regular.

The treatment consisted in the application of a solution of atropia to the conjunctiva, which caused enlargement of the pupil in about the usual period. The patient was then placed upon her back, and the lens soon returned to the posterior chamber.

More than four years have elapsed since this patient was exhibited to the Society. It is therefore certain that the lens may continue displaced for this length of time without undergoing any apparent change either in size or transparency. Another instance, where, however, the dislocation was traumatic and not spontaneous, has been nearly three years under Dr. Williams's observation, without the occurrence of any opacity or absorption; but in this case there is reason to believe that the lower portion of the suspensory ligament may not have been ruptured.

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### Bibliographical Notices.

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*Proceedings of the American Pharmaceutical Association at the Seventh Annual Meeting, held in Washington, D. C., September, 1858.* With the Constitution and List of Members. Philadelphia: Merrihew & Thompson, Printers. 1858. 8vo., pp. 488.

THIS is a volume of a goodly bulk, exceeding, we are told, the combined issues of former years. It contains a large amount of interesting matter, and reflects much credit on the Pharmaceutical Association. It is chiefly made up of reports of committees and others on various subjects connected with pharmacy, some of which are of the highest importance. We have already referred to two of these papers—the Report on Weights and Measures, and that on Professional Interchange between the Apothecary and Physician. Among others to which we would particularly direct attention, are the Syllabus of a Course of Study, intended as an Aid to Students of Pharmacy, by William Procter, Jr., an admirable guide to those for whom it is intended; the Report on the Home Adulteration of Drugs: on the Medicinal Plants of Michigan, by Charles Stearns; on Mercury, by Charles Bullock; on the Detection of Adulterations of Volatile Oils, by John M. Maisch. One of the most valuable papers in the volume is entitled Notes and Suggestions upon some of the Processes of the United States Pharmacopœia, especially directed to the Committees of Revision, by Edward R. Squibb, of New York. It contains many valuable suggestions concerning the formulæ of the Pharmacopœia, which the writer's large experience and practical acquaintance with chemistry and pharmacy enable him to furnish. We think that this article alone is worth the price of the book. A paper on the Peppermint Plantations of Michigan, by Frederick Stearns, of Detroit, will surprise many readers, who are ignorant of the fact that for the last ten years the chief supply of the oil of peppermint produced in the world has been sent from a single county (St. Joseph), in the south-western part of Michigan, about two thousand acres being employed in producing the mint plant.

We should do injustice to the Executive Committee not to say that this volume is printed in a style worthy of the Association. We hope it will be extensively circulated among apothecaries, and we believe it will do much for the progress of pharmacy in our country.



*On the Morbid Anatomy and Symptoms of Cancer of the Pancreas.* By J. DA COSTA, M.D. Extracted from the proceedings of the Pathological Society of Philadelphia. 8vo., pp. 29.

THE author of the above monograph has made a valuable contribution to pathological anatomy, by arranging in a tabular form, and giving the results of the analysis, of the scattered cases of cancer of the pancreas, which have from time to time been published. Lebert speaks of the affection as being exceedingly rare, and dismisses the subject, after cautioning observers against confounding disease of the neighboring parts with that of the pancreas itself.

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*A Treatise on the Venereal Disease.* By JOHN HUNTER, F.R.S. With Copious Additions by Dr. PHILIP RICORD, Surgeon of the Hopital du Midi, Paris, &c. Translated and edited, with Notes, by FREEMAN J. BUMSTEAD, M.D., Lecturer on Venereal at the College of Physicians and Surgeons, New York; Assistant Surgeon to the New York Eye Infirmary. Second Edition Revised; containing a résumé of Ricord's Letters on Chancre. Philadelphia: Blanchard & Lea. 1859. 8vo., pp. 552.

THE call for a second issue of Dr. Bumstead's edition of Ricord's Hunter, is a proof of the favor with which it has been received by the profession. The addition of a summary of Ricord's late work on chancre, will still further enhance its value. We cordially recommend it, as one of the best works on the venereal disease, and which should be owned by every physician who is called upon to treat this class of cases.

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*An Essay on the Pathology and Therapeutics of Scarlet Fever.* By CASPAR MORRIS, M.D., &c. Philadelphia: Lindsay & Blakiston. 1858. 8vo., pp. 192.

WE are glad to welcome a second edition of this admirable treatise on scarlatina, the best with which we are acquainted. As the result of thirty years' observation by an eminent and successful practitioner, it can be recommended for its completeness, and especially for the soundness of the views it contains on the subject of treatment. The work would have been made more convenient for consultation, had it been divided into chapters; but the whole should be read by every one who undertakes to treat this disease.

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*The Science and Art of Surgery; being a Treatise on Surgical Injuries, Diseases and Operations.* By JOHN ERICHSEN, Prof. of Surgery and of Clinical Surgery in University College, and Surgeon to University College Hospital. An improved American, from the second enlarged and carefully revised London Edition. Illustrated by four hundred and seventeen engravings on wood. Philadelphia: Blanchard & Lea. 1859. 8vo., pp. 996.

THE great work of Erichsen now ranks among the first on Surgery in the English language. In its present form, it is the most complete and most reliable treatise on the subject which the practitioner can possess, and the profession is under great obligations to Messrs. Blanchard & Lea, for the beautiful manner in which it is published. We

unhesitatingly pronounce it the best guide to the surgeon which has yet appeared.

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*Lectures on the Principles and Practice of Physic, delivered at King's College, London.* By THOMAS WATSON, M.D., &c. A new American, from the last revised and enlarged English Edition. With additions by D. FRANCIS CONDIE, M.D., &c. With one hundred and eighty-five Illustrations on wood. Philadelphia: Blanchard & Lea. 1858. 8vo., pp. 1224.

THE present edition of Dr. Watson's invaluable Lectures has kept pace with the advancing state of medical knowledge. The work has undergone the most thorough revision on the part of the author, who has extended and re-written many portions, in some instances advancing different opinions from those which he formerly held, but never changing without good and sufficient reason. Certain deficiencies in the work, chiefly in respect to diseases peculiar to this country, are supplied by the American editor, who has also added a large number of engravings.

Dr. Watson's Lectures have been so long known and celebrated for their rare combination of intrinsic excellence and attractive style, that we need say no more of this edition than that it is the *best* work on the subject in the English language, for the general purposes both of students and of practitioners—all of whom we advise to possess themselves of a copy, if they are not already so fortunate as to have one.

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*The Marysville Medical and Surgical Reporter.* Edited and published by LORENZO HUBBARD, M.D., and B. H. TEED, M.D.; containing original Essays on Medical Subjects, and Reports of Important Cases occurring in their own Practice. "New Lights often come through Cracks in the Tiling." Vol. I., No. I. November, 1858. San Francisco. 8vo., pp. 14.

THE object of this new medical periodical is to make known the practice of Drs. Hubbard and Teed, who candidly remark, that "although this course may appear egotistical, yet when it is understood that our object is to investigate and become acquainted with diseases as they occur on this coast, rather than those of other countries, we are satisfied that we shall be acquitted of such a charge." We do not exactly see the force of this reasoning. There is no doubt the course of Drs. Hubbard and Teed may, and probably does appear egotistical, if not worse, but how printing their own cases exclusively can be called investigating and becoming acquainted with the diseases of California; or how the investigation of those diseases, to the exclusion of the maladies of other countries, can tend to acquit them of the charge of egotism, is not very clear. At any rate, the editors hope to make the *Reporter* of practical utility.

The first number of the *Reporter* is not a promising one. It contains a "Report of Cases in Drs. Hubbard and Teed's Practice, April, 1858": an article on Enteric Fever, by Dr. Teed; an article on Pacific Coast Diseases, by Dr. Hubbard, and a Miscellany, compiled from exchanges. The Report of Cases contains but one of interest, that of aneurism of the right carotid. The patient was advised to have the artery tied above the tumor, but went away and sought ad-



vice elsewhere. The innominata was tied, and the man died on the eighth day afterward. The paper on Enteric or Typhoid Fever is a superficial description of that disease, and abounds in errors in grammar and spelling. The writer says that "authors generally agree that the pathology is seated along the alimentary canal" (!); that "sudamina is frequently seen"; that "bronchial râles and cough accompanies almost every case, and is likely to deceive the careless practitioner." We can speak more favorably of Dr. Hubbard's article on "Pacific Coast Diseases," which is a good account of the "Putrid Sore Throat," which has been endemic for many years in California. The excerpts under the head of Miscellany are of the poorest description. We have alluded to errors in spelling; such blunders as *bruïte de sufflet*; dilatation (twice); pathological; Biquerel; and others, cannot be mere errors of the press. The "Tincture of Iodine Comp" is a preparation which is new to us.

It is evident that the editors place a higher value upon their periodical than we do, since they have fixed the price at three dollars a year, or one dollar per quarter. Now, the journal is published quarterly; the number before us, therefore, consisting of fourteen pages, is sold for *one dollar*. We should consider it dear at five cents.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 20, 1859.

### DR. M'CORMAC ON CONSUMPTION.

WE admire the energy, the indomitable perseverance, with which Dr. M'Cormac forces into notice his views of the causes and prevention of consumption. Thoroughly convinced in his own mind of the truth of his opinions, he ceases not, day and night, in his efforts to disseminate throughout the civilized world a knowledge of what he believes to be of incalculable importance to mankind. We have before alluded to Dr. M'Cormac and his theory, but we will here repeat that he believes the habitual breathing of a vitiated air, especially air vitiated by the products of respiration, is the great cause of pulmonary phthisis, and of all scrofulous affections, and that, consequently, the prevention of these affections is to be accomplished by careful ventilation, especially of sleeping-rooms; and their cure, when the patient is not too far gone to hope for cure, must be attempted on the same principle. The inhalation of air deteriorated by carbonic acid is the *sine qua non* in the etiology of tubercle. No other depressing influence will produce the disease; neither inflammation, exposure to cold, insufficient nourishment, nor hereditary taint. Without carbonic acid they are all impotent; with it, their absence is of no avail to the patient.

Of course, this is a one-sided view of the question. We know that the most favorable hygienic circumstances are often of no avail to save the patient who is born with the seeds of consumption; and that although the respiration of a pure atmosphere is of the highest importance as a prophylaxis against consumption, yet there are hundreds of thousands who habitually breathe a close, confined air, which

has been so repeatedly respired that it must have parted with nearly the whole of its oxygen, without contracting a tuberculous disease. Yet we can forgive this partial view in consideration of the immense importance of the subject to which Dr. M'Cormac is endeavoring to direct attention. We believe that in its effects on their physical condition, the great majority of mankind are more ignorant of the importance of the quality of the air they breathe than of anything else, and that more hygienic reform is needed in this direction than in any other. The evil is one which exists among the rich, as well as among the poor, though not to the same extent. We doubt, however, whether the "middle classes," as they are called, inhale a purer atmosphere at night than the poor. The destitute have one comfort, there are no furnaces in their houses, and if there be but little fire, there are at least fire-places. Many of our houses have neither fires nor fire-places; consequently the circulation of air is very languid, and the atmosphere becomes speedily contaminated with carbonic acid, especially at night, and in cold weather, when all the doors and windows are closed, as is too often the case.

A little pamphlet entitled *Theory of Consumption*, being a letter to the French Imperial Academy of Medicine, by Dr. M'C., is the text which has suggested the above reflections. United with great enthusiasm and some extravagance, there is in it much sound sense, many valuable suggestions. We could wish it were more generally known here, as we have no doubt it is in England. We wish something could be done to arouse the public from the apathy which prevails on the subject of the influence of the purity of the air we breathe, on our health, longevity, comfort and happiness.

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#### MORTALITY OF THE CITY OF PROVIDENCE.

THE *Providence Journal* of the 6th and 7th of this month, contains a tabular statement of the mortality of that city during the past year, with some interesting remarks by Dr. Snow, the City Registrar, on the results obtained. We believe there are few States in the Union in which the registration of births, deaths and marriages is more completely carried out than in Rhode Island, and of course the returns from the largest city are likely to be very complete. The total number of deaths during the past year was 1017, being 92 more than in 1857, and 48 less than in 1856, the preponderance being rather that of females over males, although among those of foreign parentage more males than females died. The proportion of deaths to the population is only one to 50, which must be acknowledged to indicate a most favorable state of things; and among the natives, the rate is even still lower, being one in 57. For the foreign population, the ratio is one in 39; and for the colored, one in 28. This large proportional mortality among the colored race is ascribed by Dr. Snow "to causes inherent in the race itself in this climate." We think that besides this explanation, something should be ascribed to the utter disregard, by the negro race, of hygienic rules. None of them bathe themselves, and they sleep in the most confined rooms. They have no disposition for active out-door pursuits, in which respect they differ from the Irish, who are much employed in the open air. So far as our own observation goes, negroes are much more addicted to venereal excesses than the Irish. When we compare the ratio of mortality of Providence



with that of New York, where it is one in 30, it will be seen how superior must be the sanitary condition of the former city.

The increased mortality in Providence, during the past year, was owing to the presence of epidemic measles and scarlatina during the last winter and spring—the former disease having occasioned 40 deaths (7 of which, only, were Americans), and the latter 72. Scarlatina was more equal in its ravages among the two classes of population. The deaths from measles seem to have been owing, in almost every case, to a complication with pneumonia, and this fact, and the large proportion of fatal cases among the foreign-born, indicate that by proper precaution most of the patients might have been saved.

If ever the economy of proper sanitary supervision was demonstrated, it is in the fact that not a single death from smallpox or varioloid has occurred in Providence for more than two and a half years. A mortality in those diseases alone, equal to that from scarlatina, would have cost the city perhaps as much as the salary of the City Registrar. Although the destruction caused by measles, scarlatina, consumption, pneumonia and other diseases, cannot, in the present state of our knowledge, be effectually controlled like that of variola, yet it can be as surely diminished, by attention to the laws of hygiene, which are as definite and inevitable in their operation as those which control the movements of the universe.

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#### DR. HORACE GREEN.

A good deal of excitement has prevailed in New York, among the profession and the community, in consequence of a report that a gentleman by the name of Whitney had died of injuries resulting from the operation of introducing a tube into his larynx, by Dr. Horace Green. It was stated, and extensively believed, that the operator had perforated the trachea, and thus caused his death on the same day. At a late meeting of the New York Academy of Medicine, Dr. Green was called upon to make a statement of the case, which clearly proves that the report was entirely unfounded. The operation of "tubage" was only employed once, eight days before the patient's death, and was then followed by no unpleasant symptoms. At the last interview, Dr. Green cauterized the throat with the sponge, but the instrument did not enter the trachea. The patient experienced no special inconvenience from the application; he was, however, worse in the evening, and died a week afterwards. Dr. Fay, a friend of Dr. Green, was present at the last interview between the parties, and testifies to the facts. The patient had had the rational symptoms of phthisis for more than a year, and presented the physical signs of a cavity in the upper part of the left lung. The account of the case from the time that Mr. Whitney was last seen by Dr. Green, and of the *post-mortem* examination, were not given at the meeting, but it is understood that they will be detailed on a subsequent occasion. We learn from a private source that nothing was found at the autopsy which tended in the least to show that the treatment employed by Dr. Green had anything to do with the death of the patient. The story was probably spread by some enemy of Dr. Green, and, as usually happens in such cases, it will probably benefit, ultimately, the one whom it was intended to injure.

## THE TREATMENT OF ASTHMA.

WE are sure that every physician will be deeply interested in whatever tends to advance our knowledge of that troublesome affection, asthma, and especially in respect to the remedial measures most likely to secure relief to those who are afflicted with it. In connection with this subject, we take occasion to call attention to the instructive lectures of Trousseau, now being translated for the JOURNAL by Dr. Abbot, of this city. We shall publish, in our next, a continuation of the lectures, and they will be presented in as rapid succession as possible.

We lately had the opportunity afforded us of reading a short treatise, translated from the Italian, upon the use of *compressed air* in the treatment of asthma. This agent has, we believe, been tried in New York city—possibly elsewhere in the United States—but we are not aware with what measure of success. To carry out the treatment, requires an apartment of cast iron, with the apparatus suitable to compress several volumes of atmospheric air into the room prepared for it. The *theory* seems excellent—we should be glad to know how extensively, and with what results this plan of *air-treatment* has been tried in this country. Any facts will be of advantage. We may add that the friend who lent us the little volume referred to, has a strong personal interest in knowing how much reliance can be placed upon this, or upon any treatment. Will those who happen to have heard of, or to have seen any experiments of this nature, with compressed air, favor us with an account of them?

## A CHRISTMAS SURPRISE.

WE take pleasure in recording an incident which lately occurred to one of our valued friends, and which reflects much honor on all parties concerned. It may be remembered that a physician of this city had a sum of money, amounting to about two hundred dollars, stolen from his house a few weeks ago. Such a loss must always be a heavy one to a physician who is dependent on his profession for his support, and we have no doubt our friend felt it keenly. He did not allow himself, however, to be wholly cast down by his misfortune, but acting on the wise principle *Dum vivimus vivamus*, he gave an entertainment to the young friends of his little boy, on the evening of Christmas Day. Happy faces surrounded the table, and glee and laughter were at their height, when the door opened and a child entered, bearing a beautiful porcelain basin, filled with flowers, which he presented to our hospitable friend. At the bottom of the bowl was discovered a packet, containing the exact amount, in gold, of the money stolen, and offered by twenty personal friends. Those who know our friend C.'s tender heart, will not be surprised to hear that for a few moments his emotions were beyond his control at this unexpected tribute of regard. We will venture to say that this happiness was hardly greater than that of the twenty who took this method of testifying their personal regard and appreciation of his worth.

## PHOSPHORUS IN THE TREATMENT OF PHTHISIS.

NEARLY a year ago, we called attention to a new theory respecting the nature of phthisis, and a new method of its cure. The theory, in brief, was this:—that the essential condition of phthisis is a deficiency, in the system, of phosphorus in a state capable of oxygenation; the cure naturally followed—give the hypophosphite of lime, or of soda, which



offers the double condition of being immediately assimilable, and at the same time of being in the least possible degree of oxydation. The remedy has been extensively tried, but, we believe, with only limited success. We observe that the editor of the *Gazette Hebdomadaire*, of Paris, has been publishing the results of his observations on patients treated by Dr. Churchill himself. The following translation of his article, or a part of it, is from the *American Medical Monthly* for January.

"Of the twelve cases of which I have made a statement, there are two in which I doubted, from my first examination, the existence of tuberculous phthisis, at least as being the chief of the local or general diseases of which it was necessary to notice the ultimate progress. In one of these two cases the general condition was improved, and the local disease remained stationary at the end of four months. In the other, all the disease had disappeared at the end of four months. Ten cases remain which can be called tuberculous phthisis, with every appearance of certainty. Of this number, in *one*, the local disease was improved at the end of four and a half months; in *one* it remained stationary at the end of four months; and in *eight* it was aggravated at the end 4, 2, 3, 5, 4, 3½, 4½ and 3½ months respectively. As to the general condition, in *five* cases there was evident amelioration; in *one* there was no appreciable change; and in *four* there was aggravation. In two of these last cases, it is true, the last note of M. Churchill makes no mention of the general condition, but my eyes assured me that this was far from being improved.

"After these results, it is impossible for me to attribute to the method of treatment adopted by M. Churchill any influence over the progress of tubercles, for we know very well that in this disease the disorganization of the lung is far from being continuous, even in the absence of all treatment; that, on the contrary, the evolution of tubercle usually presents periods of repose, during which the *rales*, consequent on congestion of the tissues or the secretion of liquid products, diminish or disappear. This is a point on which Dr. Austin Flint has lately insisted.

"As to the influence of the treatment on the general health, especially upon the fleshiness of the patient, as well as upon certain thoracic symptoms, I ought to say, that it has seemed to be quite apparent. Nevertheless, I should not dare to rest my opinion on this small number of facts; and, at any rate, I could not see that there was anything *specific* in this result. Many preparations, but especially cod-liver oil, when phthisical persons first use them, have the effect of at once restoring the flesh, the strength in a measure, and even of diminishing the cough and the expectoration; but this does not stop the tuberculous disease, which slumbers for a moment only, to awake and resume its work of destruction."

*Solution of the Protoxide of Iron.*—A specimen of a new preparation of this form of iron has lately been sent to us by Messrs. Nichols & Co. We have not yet had a suitable opportunity to try it, but do not doubt from its appearance, and from its prompt response to test agency, that it is a good article. We must say, however, that we think the medicinal forms of iron are already sufficiently multiplied; yet if this be, as we conclude, a reliable preparation, it will be worthy of that confidence and use which have been so wrongly lavished on the empirical liquid known as "Peruvian Syrup." Messrs. Nichols & Co. seem to be enterprising and trustworthy chemists, and deserving of encouragement by the profession.

*The Louisville Medical Gazette* is the title of a new medical periodical, published every other week at two dollars per annum. Dr. L. J. Frazee is the editor. The first number contains twenty-four pages.

*Collodion in Herpes Zona.*—Professor Fenger has of late been treating this troublesome affection advantageously by collodion, smearing it by means of a pencil over the whole of the vesicles, their bases and their circumference, or wherever there is redness. It should be applied as early as possible, and three layers in thickness, renewing it next day. He finds the addition of castor oil to the collodion an improvement; but especially prefers the solution of cotton wool in acetic ether.—*Schmidt's Jahrb.*

*Animal Bread of the Mexicans.*—According to M. Craveri, by whom some of the Mexican bread, and of the insects yielding it, were brought to Europe, these insects and their eggs are very common in the fresh waters of the lagunes of Mexico. The natives cultivate in the lagune of Chalco, a sort of *carex* called *toulé*, on which the insects readily deposit their eggs. Numerous bundles of these plants are made, which are taken to a lagune, the *Tescuco*, where they float in great numbers on the water. The insects soon come and deposit their eggs on the plants, and in about a month the bundles are removed from the water, dried, and then beaten over a large cloth to separate the myriads of eggs with which the insects had covered them. Those eggs are then cleaned and sifted, put in sacks like flour, and sold to the people for making a sort of cake or biscuit, called *hautlé*, which forms a tolerably good food, but has a fleshy taste, and is slightly acid. The bundles of *carex* are replaced in the lake and afford a fresh supply of eggs, which process may be repeated for an indefinite number of times.—*Am. Journal of Pharmacy*.

*Summary of Remarks on Ozæna.*—By Mr. DRUIT. Ozæna is an accidental complication of any suppurating or ulcerative disease of the nose.

It is the tendency of muco-pus to accumulate; and it is the tendency of the mucous membrane of the nose, if ulcerated, to exude flakes and clots of lymph or false membrane, which matters putrefy, and cause the smell.

If these putrefying substances be washed away, and the cavity kept clean, there can be no smell; and this process carried out, as I have described it, makes the patient at once more comfortable, and conduces to the radical cure of the ulcer, no matter what the first origin of that ulcer may have been. The requisite constitutional measures should, of course, be used at the discretion of the practitioner.—*Virginia Medical Journal*.

*Sarsaparilla.*—Dr. Böcker, of Bonn, well known for his experiments on the digestion of dietetic articles, &c., has satisfied himself that sarsaparilla has no virtue whatever as an anti-syphilitic. He also tried it on ninety-eight healthy people, and found it possessed neither diuretic nor diaphoretic properties. Mr. Syme has long cried out against it as an useless and very expensive hospital drug. Perhaps Dr. Böcker's experiments may be the cause of reducing the expenses of some of our hospitals in this particular of sarsaparilla.—*Am. Druggists' Circular*.

ACCORDING to M. Beauvais, odorous matters are not eliminated from the kidneys in Bright's disease. Thus asparagus, turpentine, &c., do not communicate any smell to the urine. M. Beauvais considers this to be a diagnostic sign, pathognomonic of Bright's disease.—*Idem*.

*Erection of a New Hospital in Vienna.*—The Emperor of Austria has just granted a large extent of crown lands for the erection of a new hospital, which is to contain at least 1000 beds. The patients are to be admitted without any reference to nationality or religion, and the hospital is founded in honor of the birth of the Crown Prince, the Emperor's eldest son.—*London Lancet*.

*Death of M. Bérard.*—We learn with regret that M. Bérard, Professor of Physiology at the Faculty of Medicine at Paris, has just died, after an illness which had prevented him from lecturing for the last three years.—*Idem*.

*Health of the City.*—The mortality of Boston continues low. The chief fatal diseases were consumption, pneumonia and scarlatina. The number of deaths for the corresponding week of 1858 was 55, of which 13 were from phthisis, 8 from pneumonia, and 1 from scarlatina.

*Books and Pamphlets Received.*—A Treatise on Physiology, by John C. Dalton, Jr., M.D.—Reports of the Trustees and Superintendent of the Maine Insane Asylum.

*Deaths in Boston* for the week ending Saturday noon, January 15th, 65. Males, 33—Females, 32.—Accident, 1—inflammation of the bowels, 1—bronchitis, 1—inflammation of the brain, 4—cancer, 1—consumption, 15—convulsions, 3—croup, 1—dropsy, 3—dropsy in the head, 2—infantile diseases, 1—scarlet fever, 4—typhoid fever, 1—hæmorrhage, 2—disease of the heart, 1—influenza, 2—inflammation of the lungs, 8—congestion of the lungs, 2—old age, 2—palsy, 2—pleurisy, 1—premature birth, 1—scrofula, 1—suicide, 1—thrush, 1—ulcer on the stomach, 1—whooping cough, 1.

Under 5 years, 31—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 5—above 60 years, 9. Born in the United States, 47—Ireland, 12—other places, 6.



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MEMBRANOUS CROUP—TRACHEOTOMY.

[Read before the Boston Society for Medical Improvement, January 10th, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE H. GAY, M.D.

*Expulsion of the Membrane; Recovery; no Membrane seen at any time in the back part of the Mouth.*

LIZZIE S——, æt. 4½, under the care of Dr. Perry. During the absence of Dr. P., and while the symptoms of the disease were making rapid progress, Dr. Bowditch was sent for. He has given the following account of the case, up to 11, A.M., Dec. 26th, 1858.

"About 10½, P.M., Dec. 24th, was called to Lizzie S——. Found all the symptoms of croup—noisy respiration, hoarseness, paroxysms of dyspnœa, no membrane on tonsils, fever, restlessness. Disease had commenced the preceding night (23d), and was thought to be only a severe cold. Mother stated that she had often had similar attacks in the West, only this was more severe. An emetic of ipecac. and sub. mur. hydrarg. was given, a solution of nit. argent. was twice applied to the throat, and pulv. Doveri, gr. ij., p. r. n., to check restlessness; steam in room; cloths in cold water around the throat. No relief, except less restlessness from the Dover's powder, and partial ease after the application of nit. argent. The next day, Saturday, Dr. Perry used steam, and opium and hydrarg. cum creta. The disease seemed relieved during the opiate effect, but there was no real change in the character of the breathing. Saturday night there were violent paroxysms of dyspnœa, and on Sunday morning, Dec. 26th, all the croupy symptoms and their effect had increased."

When I saw the patient for the first time, on Sunday, Dec. 26th, 1858, 11½, A.M., the following symptoms were present: great restlessness, with constant change of position and tossing about of the arms; head and neck thrown back; great distress of the countenance; lividity of both lips and a portion of both cheeks; pallor of the rest of the face (this asphyxiated condition was permanent and not paroxysmal); the breathing very much labored,

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and such as exists in the most advanced stages of membranous croup; the voice merely a faint whisper; absence of the cough, noticed since the morning; pulse very rapid, at times 160, feeble and intermittent; no membrane could be seen in any part of the throat. Although in an extreme condition, an operation was immediately advised.

Operation at 12, M., with ether, and the assistance of Drs. Lewis, Perry and Bowditch.

The neck was short and fat, and the veins very numerous and prominently distended, so much so that the dissection was carried on slowly and cautiously. But little blood was lost, and, just before the trachea was opened, the patient was, to all appearances, dead. No pulse could be felt, and there was no apparent breathing. Artificial respiration was attempted, by rolling and pressure of the chest. As no change was observed, the trachea was opened, and the same measures continued. Soon there was a jerking inspiratory act, as when a child is born, and the respiration began gradually to be established, the wound of the trachea being kept open by the dilator. Shortly afterward, she revived so much that she was able to expel, by coughing, several long strips of membrane, and much tenacious mucus, through the opening of the trachea. The pulse, 120, could now be felt distinctly, and the breathing having become more easy and quiet, the tubes were inserted and secured. After a few minutes' rest, the solution of nit. argent. was injected through the opening of the tube into the trachea, and several strips of membrane, some of them two and a half inches long, were expelled through the tube, together with some viscid mucus. Some of the membrane was grooved, and some of it was in very small rings, evidently from a small bronchus. As soon as she was comparatively quiet and comfortable, the following *written directions* were given to the nurse: to have the air of the room constantly moist from steam; to have the temperature between 70° and 75°, *never below 70°*; to clean the tube at least every two hours, and oftener if it was obstructed, and if the obstruction still continued *to remove the tubes*, and inject into the trachea some of the solution of nit. argent.; to inject through the tube into the trachea, *every four hours*, about one third of a teaspoonful of the solution of nit. argent. (gr. xx. to water  $\frac{3}{4}$  i.); to give a Dover's powder (gr. ij.), p. r. n., and iodid. potass., gr. ij., every two or three hours; lace cravat to be constantly in front of the tubes. In the evening, she was as well as could be expected.

Monday, Dec. 27th.—Had a very good night. Coughed, and expelled much membrane and mucus. To-day, her countenance is very good, and at times bright. Pulse 108, stronger than at any time yesterday. Complains of soreness of the chest, externally. No labor, and but little noise in breathing. The swallowing of liquids produces a paroxysm of coughing. Membrane is *always* expelled after the injection of the nit. argent. Slept two hours at



one time in the forenoon. Up to that time, the tube was cleaned every hour, on account of the obstruction. Had a nap of two hours' duration in the afternoon. At 5, P.M., she was not so well. The cough and breathing became more dry and labored, there was more febrile action and restlessness. Pulse 120. The solution of nit. argent. was thrown into the trachea, and in a very short time several strips of membrane, from two to three inches long, were expelled through the tube, and large quantities of mucus flowed from the mouth, enough to wet three or four handkerchiefs. She expressed herself as greatly relieved, and shortly after slept quietly for a long time. At 10, P.M., the nit. argent. was used again, with similar results. She then slept till 12½. Afterward, there was some dryness in the breathing and cough, and the nit. argent. was again used at 4, A. M. A very large quantity of membrane, in strips, was expelled. She then slept quietly till 6½, A.M.

Tuesday, 28th, 9, A.M.—Still raises much membrane. Pulse 108. Not much thirst nor heat of skin. Tongue looks pretty well. Some of the mucus from the tube looks yellowish. Cough more frequent, with a flapping sound. There was also a troublesome retching, which had been previously noticed in efforts to raise membrane, situated between the upper part of the tube and the epiglottis. The breathing was also obstructed, and there was a more anxious look to the countenance. On removing the inner tube, cleaned two hours previous, it was found lined throughout with a thick, firm membrane. This gave but little relief to the breathing, and a flapping sound was heard, as if something fell from above, and the father had felt an obstruction in replacing the tube. The coughing being almost incessant, the other tube was removed, and the cough became sharp and ringing. As no great relief followed, the solution of nit. argent. was injected into the trachea, and after a pretty long and hard paroxysm of coughing, in which much membrane and mucus was expelled, she became suddenly easier. On taking away the lacc cravat, its surface covering the opening of the trachea was found patched over with masses of thick viscid mucus and a very large piece of membrane. This membrane, from its shape and general appearance, evidently came from the epiglottis, larynx and upper part of the trachea. A portion of it, at the base of the tongue-shaped epiglottis, was very thick, hard and firm; below this there was nearly a solid cord, half an inch in length, with a very minute opening, just large enough to admit a small wire, and below this the membrane was tubular, softer and almost transparent, with the impression of the posterior part of the trachea where the rings are absent. This piece of membrane was between two and three inches long. Some bloody mucus was then expelled. Though much exhausted by this effort, patient took some wine whey, rallied, felt a very decided relief, and slept very quietly for two hours after the tubes were replaced. In the afternoon and evening, the breathing was very quiet, and

without labor. The cough was loose, and the membrane was expelled with much less difficulty. In the evening, she sat up in bed, and took, with great relish, some milk and tea and soda cracker. Treatment as before.

Wednesday, 29th.—But little membrane, in strips, was raised after the large piece of yesterday morning, till early this morning. During the night, she had but little long sleep. The cough was loose and frequent, and the expectoration very viscid, with some of the membrane in granules or like boiled tapioca. There was considerable effort to force it through the tube. Early this morning the cough was looser, and several strips of membrane stained with blood, and some yellow purulent masses of mucus, were expelled. At 9, A.M., the cough is loose and the expectoration easy. Eat a good breakfast of soda cracker, milk and tea. Felt better afterward. Pulse 108. Tongue moist and cleaning. Is sitting up in the bed, playing with her slate and pencil. Takes much notice of what is going on in the room. Countenance very bright. Respiration easy, without noise or hurry. Comfortable in the afternoon and evening. Membrane and purulent mucus expelled through the tube.

Thursday, 30th.—Passed a remarkably good night, sleeping easily and quietly most of the time, awaking occasionally to cough. Expectored without difficulty through the tube, mostly a purulent mucus and some membrane in granules. This morning, she is amusing herself with her play things. Pulse 100 to 108; stronger. Respiration easy, quiet, and generally vesicular. Some moist, flapping râles. Asked for her breakfast very early this morning. Appetite sufficient.

Friday, 31st.—Took considerable nourishment yesterday. Had a good day and night; slept well. This morning, still improving. Pulse 100. Cough not so frequent; expels a thin, purulent liquid through the tube. Scarcely any membrane in strips or granules has been seen since yesterday.

Saturday, Jan. 1st, 1859.—Very comfortable during yesterday and last night; this morning, she is playing with her New Year's presents. She breathes without noise, effort or hurry. Pulse 100. No membrane expelled; nothing but a thick, purulent mucus. Appetite good. Voice hoarse and whispering.

Sunday, 2d.—Tube removed this morning and re-inserted in the evening.

Wednesday, 5th.—Both tubes removed.

Tuesday, 11th.—External wound firmly cicatrized. She is daily gaining in every respect, and can speak aloud; voice hoarse.

It would seem as if the recovery, so extraordinary in many points of view, of this patient, would be the strongest convincing proof to the profession, of the propriety and benefit of the operation and subsequent treatment, even though the patient is *in extremis*. It appeared more like raising a person, so to speak, from



the dead, than in any other case of tracheotomy for membranous croup that I have as yet performed. It is a proper question to ask, what power there was to get up the membrane in so advanced a stage of asphyxia, *when the cough was extinguished*.

The disease had not reached its height at the time of the operation, as is evidenced by the membrane approaching more and more to a solid cord, which of course would have increased one of the main causes of the asphyxia, supposing no operation had been performed, and added a greater hopelessness to any chance of expelling the membrane.

The mere operation of tracheotomy will ultimately avail but little, if the after-treatment is slighted, or not rigorously attended to. A *large* tube, inserted in the trachea after tracheotomy, serves the purpose of an *artificial rima glottidis*, allowing a sufficient passage of air to and from the lungs, and, like the natural rima, it may have its opening lessened and obstructed by membrane and liquids, but unlike it in the facility with which an obstruction may be removed by withdrawing the tube. The artificial rima can be kept of a more unvarying and permanent size. Death may follow an obstruction in the artificial as in the natural rima, and as quickly.

Through the tube, there is a more free and accessible way for the introduction of local remedial measures. After tracheotomy and the insertion of the tube, the injection of a solution of nit. argent. through the tube into the trachea and bronchi is our strongest dependence, and most of the other measures are mere auxiliaries. The strength of the solution may vary with the circumstances of the case. Three successful cases in succession, in almost as many weeks, are witnesses of its usefulness. It seems to act in the following way:—*cauterization*; a *very free mucous secretion* in the *trachea* and *bronchi* (which probably pushes off the membrane in part); *coughing*, and an easier expulsion of the membrane and mucus. The mucous secretion is as free in the *mouth* as if the nit. argent. had been applied there. Other substances may act as well as the nit. argent., but at present I see no reason to substitute any different agent.

In conjunction with this, a faithful attention must be given to the steam, the temperature, the cleaning of the tube, the lace cravat, the Dover's powder and iodide potassa, the nourishing regimen, and stimulants if called for.

It is well to have one person constantly by the bedside, to wipe away, with a sponge or cloth, any membrane or mucus that is expelled out of the tube, before it is drawn back again into the trachea. Another person should be present to perform any other duties that may be required.

No membrane was voided by the mouth at any time. Some of the membrane evidently came from some small bronchus. The large piece was expelled from the opening of the trachea, about forty-six hours after the operation.

There was no sign of pneumonia at any time.

The tubes were removed in ten days after the operation, and the external wound was fully cicatrized six days afterward.

In the *seven* cases that I have performed tracheotomy for decided membranous croup, in about twelve months, and in which the membrane was expelled through the tube, there have been *five recoveries* and *two deaths*.

For many reasons, the conviction grows daily stronger, that the old prejudices against tracheotomy, for membranous croup, must and will be abandoned.

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#### PLEURISY FOLLOWED BY CARDIAC DISEASE.

[Reported to the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY S. L. SPRAGUE, M.D.

M. B. is an unmarried female, of 32 years of age, of nervous temperament and dark complexion. Her mode of life has been sedentary; she has been confined to the house by sewing.

I was first called to see her, Nov. 22, 1856. She had been sick for three months previous, with debility, loss of strength, want of appetite and wasting of flesh. I found the patient in a chair, reclining back, exhausted, and distressed in breathing. She had pain in the left side, and some cough. The pulse was 100, and the respiration 30 per minute. Percussion on the right side was resonant, and respiration natural. On the left side, percussion was flat and dull for nearly the whole extent, to within three inches of the clavicle. The respiration was null, except at the summit, the tongue was coated, the skin dry, and she was evidently suffering from an acute attack of pleurisy. For ten days previous, she had felt pain in her side, first appearing near the clavicle, and gradually extending downward, producing difficult breathing.

I prescribed a blister to the side, a cathartic, and Dover's powder. The next day she was more comfortable, with less pain. The symptoms otherwise remained the same, with the addition of swelling of the tongue. She remained in the same state for six days, and then gradually improved under the treatment of calomel, iodide of potassium, light nourishment and broth. In four weeks from the first attack in which I first saw her, she was sitting up. The left lung was resonant, four inches below the clavicle, and respiration had returned to that extent. I was prevented from seeing her again for the space of three weeks, when I was suddenly called to her, and found her in bed, very much distressed in breathing, her respiration being 100 per minute. She complained of severe pain on the left side. The lung of that side was resonant throughout the whole extent. The respiration was loud and rude; the air entering the lung on that side freely ob-



scured the sounds of the heart for which I listened. The right side was natural. She could talk and describe her symptoms, but only in short sentences. She had also attacks of coughing—a suffocating, dry cough, and with much effort expectorated a frothy fluid tinged with blood. These attacks, with the symptoms just mentioned, she had several times a day, varying from three to six daily. The distress of breathing came on about two weeks previous to this visit, and her first attack of this kind was on January 5th, 1857. The next day, January 12th, I saw her when free from an attack, and on auscultation heard distinct crepitus under the left clavicle. She said she had a sensation as though there was liquid in the lung, which required her to make efforts to get rid of it. Her pulse, when she is quiet, and free from an attack, is 85; when suffering, it is accelerated.

January 14th, two days after, on auscultating, I could hear no crepitus, near the clavicle or elsewhere. The next day, January 15th, she experienced a sudden attack of pain in the region of the heart, with fainting and numbness, so that she could not speak or move. Her lips were blue, and her countenance pale, and she had a feeling of suffocation. The pain extended from the heart to the shoulder, and down the arm to the hand. This lasted about the space of an hour. On auscultating, there was a sound heard like the splashing of water within the pericardium. The pulsations of the heart were labored, but regular, 85 per minute. Percussion was flat. No prominence, or rounding out of the thorax over the heart. Respiration was natural. In this condition she remained seven days, to the 23d of January, having these attacks as above described, about one a day, coming on generally in the afternoon at about three o'clock. She slept somewhat during the night, notwithstanding the pain, which continued more or less all the time. On the 22d, she had a severe attack, differing somewhat from the preceding. The attack came on about twelve o'clock, commencing with pain in the fore and middle fingers, the whole finger not being affected, but the ulnar side of the fore finger and radial side of the middle finger. From here the pain extended up the arm, on the posterior surface, to the elbow, when it came to the inside of the arm and continued up to the heart. The pain was said to be severe, like the toothache; the heart would then ache, and faintness would follow. A feeling of numbness extended to the waist, and, for the first time, to-day it was not confined to the left side, but extended to the right side, on the upper part of the chest, near the clavicle. This was felt on making inspiration. For several days, on stepping on the floor, a tingling sensation would be felt in the left foot and leg, like that in a limb asleep. To-day, she did not have this sensation.

Two days after this, January 29th, she was very comfortable, having slept during the night, and the attack of pain was much less severe. The sounds of the heart are a little irregular. The first

sound is prolonged, with a bellows murmur. The second sound is distinct and clear. The dulness over the region of the heart was more than natural. There was no protuberance, or rounding out, no tenderness on pressure or percussion. The pain is located at the apex, and extends to the base. During two weeks from this time she has been improving, having had but very few attacks, and these much less severe, shorter, and with very little pain. Seventeen days from this time, she experienced a severe attack of pain, with suffocating sensations, and lightness of the head. Her face was red, her limbs numb and cold. This lasted for some hours. The pulsations of the heart were strong, jarring the bed. The first sound of the heart was prolonged, the second natural.

This was her last severe attack, although she continued for six weeks with occasional attacks, and ever after has been subject to pain in the heart. Since April, she has been quite free from the attacks. For many months she remained very feeble, free from the attacks above mentioned, but with frequent pain in the heart, and so she continued through the spring and summer of 1857. In the fall, she was free from pain, but feeble and confined to her bed, unable to make much exertion. Occasionally, she would sit up in a chair for a short time, but it was always followed by some hæmorrhage from the lungs. To this she was subject at intervals of two to three days, or a week, but the quantity of blood raised was small, being about a teaspoonful in quantity. She had no cough, and had gained flesh. The lungs sounded naturally, without râles or crepitus. She continued much in the same condition until the spring of 1858, when she went out of doors, on the approach of mild weather, and commenced to improve by it. In the summer, she removed to the South End, and, by enjoying the advantages of air and walks, has continued improving.

I saw her on Monday, December 27th, and questioned her as to several particulars. Her countenance is full and natural, not emaciated. Appetite is good, and the digestion also good. She takes the air often, walking half a mile for exercise. On auscultating the chest, nothing unnatural was discovered. Respiration was feeble. The sounds of the heart were regular and normal. She has some cough, from a recent cold, and has catarrh. The bowels are regular, and also the menses. She is still subject to hæmorrhage from the lungs, the last appearing a week since, whilst sitting quietly at the table, reading. The blood ran from the mouth in a small stream; it was clear, and about two teaspoonfuls in quantity. No coughing, or effort, was made to raise it. The right lung feels constricted, and she cannot draw a long breath. She has hæmorrhage after much exercise, when fatigued or wearied from any cause. She is also liable to pain in the heart, or region of the heart, and the forerunner of this is pain in the index finger of the left hand, on the ulnar side, six or eight hours before the appearance of pain in the heart. The pain in the finger does not



extend up the arm, but is confined to the hand or finger. The pain in the heart would be sometimes like a knife piercing it, or it would be a burning sensation, and sometimes a dull aching. She is not very strong, and is easily exhausted. Such is her condition at present.

## LECTURES ON ASTHMA.

DELIVERED AT HOTEL DIEU, BY PROF. TROUSSEAU.

[Translated from the *Gazette des Hopitaux* of Sept. 16th, 1858, for the Boston Med. and Surg. Journal.]

## LECTURE III.—EXAMINATION OF THE OPINIONS OF THE PROFESSION ON THIS DISEASE.

HAVING rapidly pointed out to you some of the causes under the influence of which the attacks of asthma are produced, I proceed to examine with you the opinions which have had, and still hold a place in science as to the nature of this complaint. I shall speak of the opinions of Rostan, Louis and Beau, that I may discuss them and give you my way of considering them, my method of interpreting the facts in the case.

If my honorable colleague, Prof. Rostan, admits to-day the existence of purely nervous asthma, he has not always admitted it. There was a time when he did not believe in this peculiar neurosis of the respiratory organs, and he regarded it as being symptomatic of affections of the heart. Influenced by the recollection of the laborious investigations which he had made on this subject in the case of the asthma of old men, while he was a physician of the Salpêtrière, M. Rostan recognized no difference between asthma and dyspnœa. To him, these two words were synonymous; to me, this is far from being the case. Asthma is, in my eyes, a special, complete malady; it is a manifestation, a particular form of a general condition, having very different local expressions, manifesting itself sometimes by attacks of dyspnœa, of oppressed breathing, constituting asthma, but able, also, to exhibit itself in attacks of articular gout, or gout in a more diffused form, in attacks of gravel, or rheumatism.

It is not the difficulty of breathing which constitutes asthma; for it would be necessary in this case to call by this name the dyspnœa which is symptomatic of diseases of the heart, or great vessels, the violent distress which goes to the verge of suffocation in patients suffering from œdema of the glottis, or children taken with croup. Now there is no one who would not shun such a confusion. Between dyspnœa and asthma the difference is immense. If asthma be a dyspnœa of special form and character, every attack of dyspnœa is not asthma.

Have you ever seen, in an individual affected with disease of the heart, the attack of dyspnœa, which this occasions, to be diminished by exercise? Do you not every day witness the contrary? At will, so to speak, you may bring on an attack of dyspnœa in any

person affected with a disease of the heart of moderate severity. Walking a little more rapidly than usual, the act of going up stairs, are sufficient to bring on an oppression more or less considerable, sometimes bordering on suffocation. These attacks of symptomatic asthma may always come on independently of this cause; they may occur in some persons under the influence of moral emotion, in others without appreciable cause.

But if symptomatic dyspnœa may occur, as well as essentially nervous asthma, without organic cause, it is important, in order to distinguish one from the other, to consider what is their usual course.

The attack of asthma behaves in a similar way to an attack of fever: that is to say, it comes on with a certain amount of delay—sometimes, it is true, abruptly enough; it arrives by degrees at its climax, like all nervous affections, then decreases in the same way, gradually, leaving the person who has suffered from it in a state of perfect health, for a longer or shorter period, until the return of a new attack.

Is this the course, is this character of a dyspnœa symptomatic of disease of the heart? Assuredly not; in that case the attack is always abrupt, never does the oppression yield so completely; always threatening, it never leaves, after the crisis, the individual in the state of perfect health which falls to the lot of the asthmatic.

The last, his attack over, is no longer exposed to its return under the influence of the slightest emotion, or exercise a little more violent than usual; up to the commencement of an attack, he will follow his usual manner of life without fear of being checked. An individual affected with disease of the heart is always in danger of an attack, which the smallest cause may bring on.

Without doubt, and it is necessary to be on our guard, true attacks of asthma may complicate affections of the heart and lungs. This is indisputable, neither of these classes of disease exclude it.

Let us inquire what takes place here, and return to the more general considerations of which I have often spoken to you.

A woman has a carcinomatous disease of the uterus; she has pains in the loins, pains in the lower abdomen, which increase as it progresses, which are greater during menstruation, during digestion, or in the act of defæcation, and which are exasperated by digital examination: another will have no pain, while a third will have uterine neuralgia, returning every day, rigorously at the same hour, with a periodicity so regular that the patient can foretell its return almost to a minute. In two patients whom I have seen, one with Récamier, the other with my excellent friend, Dr. Lasségne, these attacks lasted five or six hours; in the last patient they had continued for many years. The agony was atrocious. During the paroxysm, the patient rolled and writhed on her chamber floor. In the interval between the attacks, she only felt a sensation of heat in the organ affected.



In these different cases, whether the pain be permanent or intermittent, the lesion is the same. But in the latter case, there is grafted on it a neuralgic affection; to the cancer is added the painful nervous affection, which it does not exclude.

In the same way, if an individual is affected with a disease of the heart, this does not exclude, in his case, the possibility of asthma. If some patients support the most serious affections of the heart without experiencing symptoms of proportional severity, others suffer most terribly with lesions much less pronounced than the first; in others, still, a nervous disorder may be engrafted on the organic affection; in a word, each individual has, so to speak, his own way of carrying his disease; he may experience paroxysms of a peculiar character, according to his temperament, and it is essential to be acquainted with his paroxysms to be able to separate the nervous element from the organic one which complicates it.

The patient whose autopsy we made on Sunday last, had presented the most marked symptoms of angina of the chest. What is this *angina pectoris*? In a great number, in the greatest number of cases, it is a neuralgia symptomatic of an affection of the heart and great bloodvessels; but in some cases it is perfectly independent of all organic affection of the central organs of the circulation, independent even of all appreciable organic change. It is a true epileptiform neuralgia, it is a form of manifestation of this fearful malady. It has its abruptness of attack, its rapid course, its sudden cessation; it is a kind of epileptic vertigo, and some of those who have at other times had attacks of *angina pectoris*, have later true attacks of epilepsy.

Nervous disorders, then, may be engrafted on organic diseases, but they are independent of them, and these last are only the occasion of their development. They are independent of them in the sense that the organic lesion is not ordinarily accompanied by them; and if, to return to asthma, we see it come on in persons affected with diseases of the heart or lungs, it is the evidence of their disease that they had, by nature, the asthmatic diathesis. In them the lesion of the heart, the pulmonary disease, has been the occasion of the development of a malady which has been lying dormant, and which, perhaps, was only waiting for this occasion to manifest itself.

S. L. A.

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*Puerperal Convulsions treated with the Nettle.*—Dr. William Hauser, of Jefferson Co., Ga., mentions in the *Oglethorpe Med. and Surg. Journal*, a case of convulsions a short time prior to labor, in which he employed the cow nettle (the *urtica dioica*) in the form of an infusion. For this purpose he employed the balls of this plant, just then maturing, and it seems with complete success, the relief being almost immediate.

## Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 22d.—*Tumor of the Choroid; Melanosis.* Dr. BETHUNE reported the case.

The patient, Mrs. C., was 46 years old: her health had formerly been good, but for the last year she had become feeble: within the last six weeks, however, she had grown stronger. Three years ago, she began to have pain in the left eye, and failure of vision. This last has increased till all sight had left this eye. The right eye had of late begun to feel weak and uneasy. On examination, the right eye was normal in appearance. The left eye was not injected, the cornea was clear, the pupil of medium size, irregular, and nearly filled by an opaque cataract. Above, and to the inside of the cornea, a single dark-blue tumor was seen, of the size of half a marble. This was removed by the bistoury and forceps, and found to be dark brown in color, and of a soft solid consistence.

Examined by Dr. ELLIS, the mass was quite soft, but did not have the appearance of encephaloid. Under the microscope, there was seen a large amount of pigment in the form of minute globules, or agglomeration of the same, as if cells were filled with them. There were, perhaps, a few small nuclei, with small nucleoli, but these were very indistinct.

The wound healed kindly, and at the end of a fortnight an enlargement appeared above the cicatrix. The eye was now removed. It showed the same microscopical appearances as those before observed. Three days afterward, while the patient was stooping, a gush of blood took place from the part, about half a pint being lost. Cold and compresses were applied, but oozing still continued. On removing the coagula, a bleeding artery revealed itself. The hæmorrhage was checked by dividing the artery. Dr. B. questioned whether this could have had any influence on the character of the disease.

Since the above report, dropsical symptoms have appeared, suggesting the existence of malignant abdominal disease.

Dec. 27th.—*Wound of the Left Nympha in a Pregnant Woman; Profuse Hæmorrhage.* Dr. MORLAND read the following account of the case.

"Jane McCormack, a married woman, of delicate appearance, 21 years old, and five months advanced in her second pregnancy, fell upon the roof of a wood-shed, by slipping from one of the steps by which the roof is ascended. She was hanging clothes to dry, at the time—about 7 o'clock, A.M., Dec. 16th, 1858. The patient's husband came with a request that I would go as quickly as possible, as his wife was 'flowing badly.' I found her in bed, with a blanched countenance—the lips, even, being white—an anxious expression, and occasional shivering and sighing. Her own statement was that she had fallen, as above stated, and that she thought she must have lost at least three quarts of blood. A neighbor, who was assisting her, estimated the amount at over a quart, in which estimate the patient's husband coincided. I was unable to form an opinion as to the actual amount of blood lost, since part of it was mingled with some ashes in a half-peck measure—the ashes being thoroughly saturated—



and the rest was absorbed by cloths, the patient's under-clothes, and the bed-clothes. The quantity, however, must have been very large. This fact was evident, also, from her condition and appearance. She had once or twice fainted in an alarming manner; her pulse was thready, and had been, at times, hardly perceptible. It improved, gradually, during my visit. The by-standers stated that when she was first brought into the house, after the accident, the blood was running from her like water from a water-faucet.

"There being no evidence of labor-pains, and the bleeding having nearly ceased when I arrived, I inclined to the opinion that the hæmorrhage was from a wound of the external organs of generation, rather than from the uterus. On examination, I discovered a wound about one inch and a half long, by half an inch deep, upon the internal surface of the left nympha. The gash was covered by a clot, which I removed, in order to ascertain if any open vessel could be seen. A slight oozing was alone observed. Compression was applied, by means of folds of linen, wet with cold water—one inside, against the surface of the wounded nympha, and two outside, over the left labium; a larger compress was placed over the entire genital fissure, and retained by a T bandage. The patient was told to stay in bed and to have only cold drinks. Brandy and water was administered, and directed to be repeated if necessary—as, if fainting recurred, &c. The patient had herself applied *ashes*, freely, to the vagina, during the profuse bleeding—which, together with the recumbent posture she soon assumed, seems to have been instrumental in stopping the hæmorrhage.

"I visited her again at 3½ o'clock in the afternoon of the same day. There had been no more bleeding: the dressings were removed and renewed. Directed a full dose of the tinctures of opium and hyoscyamus at night.

"17th Dec., 9½ o'clock, A.M.—The patient had, just after my second visit yesterday, pains, which were described by her as precisely those known as 'premonitory' of labor. They began at 4 o'clock, P.M., and lasted four hours. Just previous to their supervention, the child's motions became tumultuous, powerful and persistent, for some time. She said it 'kicked her awfully.' At 8 o'clock, she took the laudanum and hyoscyamus as directed,\* and, by her own account, the pains left her in about fifteen minutes, and she went to sleep. This morning (17th), she is comfortable; there has been no more bleeding; the wounded region is somewhat sore; she feels 'lame all over,' from her fall. She perceives the motions of her child; but they are not, as yesterday, tumultuous and violent. A cough, to which she is always subject, troubles her, and is to-day severe. A mixture containing syrup of tolu, syrup and tincture of sanguinaria, and paregoric, was ordered. She passes her water freely and without pain.

"18th.—Patient is feverish, with flushed cheeks and quick pulse, skin dry and hot. Has had no good sleep, on account of cough; has a sharp pain in the right side, and in front of the chest. Sinapisms; cough-mixture continued; flaxseed-tea. No more bleeding; no more labor-like pains. To keep quiet.

"19th.—Much better in every way; countenance pale; weakness complained of; no bleeding; some soreness of vagina. Pain in side

\* Of course, had this condition been known by me, she would have had the medicine sooner.

and chest gone. Added to the flaxseed tea, spiritus ætheris nitrosus, and gave castor-oil and lemon-juice as a purgative—nothing having passed the bowels, since the first day, but very hard scybala. Auscultation over the abdomen gave the sounds of the foetal heart very plainly, and they were normally expressed.

“The wound, in this patient, was undoubtedly inflicted by the sharp corner of one of the steps upon the shed above mentioned—against which she had fallen with full force. I have mentioned the case, principally, to show how much violence certain patients will bear, during pregnancy, without producing miscarriage—although there at one time seemed a threatening of such a result—and also to call attention to one other point, viz., the great amount of blood lost—an amount seemingly wholly disproportioned to the actual extent of the wound, and which may be partially—in a great measure, perhaps—explained by the condition of the patient; more blood being directed to, and contained in, the entire generative apparatus, during the pregnant state.

“Additional interest also attaches to this case, from the fact that, in an example strikingly analogous, reported to the Society, June 22d, 1857, by Dr. ELLIS (see *Records*, Vol. III., p. 121), the result was fatal. The patient, in that instance, was a healthy woman, seven months advanced in pregnancy; the wound resulted from a fall of about the same height, and was in precisely the same region—upon the left nympha—and of just about the same extent. Dr. Z. B. Adams, who was called to this woman, was unable to arrest the profuse hæmorrhage, and ‘she died in about three quarters of an hour after the accident.’

“Several members of the Society referred, in connection with Dr. Ellis’s report, to violent hæmorrhage occurring after wounds of the genitals, during pregnancy; and the above-mentioned turgidity of the tissues during that epoch, was then alluded to as an undoubted cause of its abundance and uncontrollable character.”

“Dec. 27th, 1858.—Visiting my patient to-day, I found her nearly as well as usual, and about her work.”

DEC. 27th.—*Typhoid Fever; Perforation of the Intestine about the twelfth day; Death forty-eight hours after the perforation.* Case reported by Dr. PUTNAM.

A healthy muscular young man, with dark hair and eyes, was first visited on the 15th November. He had been sick a little more than a week. The skin was not remarkably hot or dry; the pulse of good strength—80 to 90; the tongue dry, glazed and brown, and the lips sore and cracked. There were numerous rose spots. There was very little headache. The patient was somewhat deaf; mind, for the most part, clear. There were four or five dejections a day, without pain. The abdomen rather full and resonant, but not tense. Urine sufficient. He had a decided appetite for farina and milk. Was ordered twenty drops of the spirits of nitrous æther and five drops of the fluid extract of opium every three or four hours.

Nov. 16th.—There was bleeding at the nose—not excessive.

Nov. 19th.—At 3, A. M., he had sudden severe pain around the umbilicus. There was also pain on pressure in the right inguinal region; no dulness on percussion. Pulse 120. Took twenty drops liquid extract of opium. During the day slept a good deal. No dejection; no urine except by catheter.



20th.—Pulse 120 to 130. Countenance more uneasy. He complained of pain in the abdomen, but not extreme. No dejection. Urine by catheter. Opiate, *pro re nata*.

21st.—Death took place at 2, A. M., preceded by great pain.

*Sectio Cadaveris*.—The intestines were found somewhat distended with flatus. There was also a general reddish discoloration of the peritoneal surface. No effusion was found into the pelvis of the contents of the intestine. A perforation, about an inch in diameter, was found about two inches from the cæcal valve. The floor of the ulcer seen to have entirely sloughed through. On the peritoneal surface, coagulable lymph existed for the space of an inch around the ulcer. There were only one or two very small ulcers in the vicinity. None of the other patches were distinct. The spleen was of a blue color, and one third larger than natural. The liver was of a dark slate color, otherwise natural. One or two of the mesenteric glands, near the ulcerated intestine, were enlarged and softened. Kidneys healthy. Mucous membrane of the stomach healthy.

There are many points of interest in this case. 1. The occurrence of perforation while the symptoms of the disease were by no means severe.

2. A desire for food, although the tongue was exceedingly brown and dry.

3. The small amount of pain and prostration after the perforation had occurred. We should have expected the face to be pale and haggard, as in a case of gun-shot wound; but the pain was subdued by only twenty drops of laudanum, so that the patient slept profoundly for six or eight hours. He also had strength enough to assist when turned on his side, after the introduction of the catheter.

4. The absence of ulcerated and raised patches. We rarely meet with a case where there is one extensive ulceration, that there are not a large number of different sizes in the neighborhood, and such of the patches as are not ulcerated, are well defined and elevated. Here, with the exception of the perforated patch, there were only one or two ulcers of small size, and hardly a trace of the elevated *plaquet*.

DEC. 27th.—*Large Gall-Bladder*. The specimen, shown by Dr. ELLIS, was taken from a patient who died of Bright's disease, under the care of Dr. Miller, of Dorchester.

The gall-bladder was filled with bile, and measured, along its greatest curvature, about nine inches. No obstruction was found between the gall-bladder and intestine.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 27, 1859.

### VENTILATION.

THERE is a great deal said about fresh air, and the importance of breathing it freely, both inside and outside of our houses. Much ingenuity has been brought to bear upon appliances for attaining a circulation of pure air in dwellings, school-rooms and lecture-halls—yet how often do we find the end unattained, and the atmosphere, espe-

cially in crowded apartments, soon intolerable! In churches, also, the evil of non-ventilation has long been a crying one. It is easy to remedy it. If there be no systematic arrangement for ventilating such edifices, they can at least be purified by allowing the breath of Heaven to blow through them, between the morning and evening services, for a sufficient time. Such an *afflatus* would be indeed "divine"!

In our remarks, lately offered, relative to the State Lunatic Hospital at Northampton, we intimated an intention of stating the plan adopted in that institution, for ventilating its numerous apartments. We give, below, a portion of the Superintendent's account of it. In our last issue, we referred to the apparent indifference to the necessity for pure air, evinced by the public generally. This was in connection with some remarks relative to Dr. M'Cormac's views upon the theory of phthisis. Dr. Prince's Report speaks to the same end, but we have space only for the descriptive portion of his remarks.

"The favorite apparatus for effecting this purpose," he says, "at present consists of a fan wheel for forcing a current of air through all parts of the building, and ranges of iron pipe heated by steam placed in this current for the purpose of imparting to it a proper temperature."

The Report then specifies a large number of hospitals wherein this plan is adopted, and chronicles its satisfactory working "wherever it has been tried." Dr. P. continues:—

"One great advantage it has over all others, is that all furnaces and fires in the building, with all their risks, and dangers, and inconveniences, neither few nor small, may be entirely dispensed with, and the boiler-house can be placed at a safe distance from the building.

"The superiority of this method is fairly shown in those hospitals in which it has been substituted for other means. The improved health of the patients has been shown in the decrease of the rate of mortality, and of the number of cases of sickness, while the increased quiet of the wards indicates the greater comfort enjoyed by their inmates."

The description of the apparatus then follows. By means of an engine, steam is generated and supplied—the building is heated, the clothing dried, and the water demanded for washing and bathing, warmed. The "fan" is composed of a "central horizontal shaft supporting twelve pairs of arms, which carry the 'floats' by which the air is propelled." Seven feet, each, is the length of the arms, and the "fan" has thus a diameter of fourteen feet. Each "float" is three feet wide by six feet six inches long; and a part or all of them may be used at will.

The steam is conveyed from the boilers by a cast-iron pipe, of six inches diameter; and the supply is made therefrom by a three-inch pipe, leaving the main, on each side.

"Under the corridor of each wing, and running nearly its whole length, there is a brick chamber, four feet in width and five in height, in which are suspended, on iron bars, ranges of inch pipe of wrought iron, through which steam at low pressure is constantly circulated. That portion of it which has become condensed by circulating through the extensive ranges of pipe, is collected in a large tank of strong boiler iron, and thence returned to the boilers by means of a 'Worthington Pump.'

"From the brick chamber which contains the ranges of pipes, flues lead directly to the corridors and rooms above. On one side of this hot-air chamber is the ventiduct for cold air. From the fan-wheel, the ventiduct, seven feet in width and six feet deep, passes beneath the cellar floor as far as the centre of the building, where it divides to supply the north and south wings, and rises to the level of the



hot-air chamber. Into the latter, the air from the ventiduct is admitted through apertures near the bottom of the dividing wall.

"A very strong current of fresh air is thus forced by the fan through these openings, across the steam-pipe, into the flues leading to the rooms above.

"At intervals of a few feet throughout the length of each corridor, are the openings of the warm-air flues, nine inches from the floor. Ten feet above these are openings into the ventilating flues, which lead directly to the attic, from which the foul air escapes through the open windows. The apertures in the warm-air flues are covered with immovable cast-iron gratings, the valves for regulating the transmission of heat being in the cellar below, where the flue leaves the hot-air chamber, and, of course, entirely out of the reach of the patients. Besides the great number of flues in the corridors, every sleeping-room has its own heating and ventilating flue, which secures a constant circulation of air through the room. Currents of pure air, of a mild temperature, are thus constantly circulating through the entire building, supplying one of the chief necessities of a hospital for the insane.

"The constant expulsion of so large a quantity of heated air from the building makes this mode of heating and ventilating the most expensive yet introduced into use; but it is at the same time the most effectual one, and the very important sanitary effect of the thorough and constant change of air thus obtained must be considered as cheaply purchased, even at a much higher cost. It is, in fact, the only known means by which a quantity of pure air, sufficient for the purpose, can be thrown into the building, and the foul air be driven out with sufficient rapidity to preserve, at all times, a pleasant and healthful atmosphere."

Were anything wanting, after this thorough and scientific *exposé* of the necessities and means for due ventilation of buildings, we would present the following eloquent appeal—which we saw, some time since, but which a correspondent, in this city, has lately sent us, with the following note:

"MESSRS. EDITORS,—Permit me to commend to your notice, the enclosed article from the *Detroit Tribune*. The '*Gaspers*' are not confined to '*meetinouses*'; and, indeed, the whole article might with propriety be entitled an appeal to house-keepers for the suppression of furnaces. Yours, &c., G. H. L."

"A APPEEL FOR ARE TO THE SEXTANT OF THE OLD BRICK MEETINOUSE.

BY A GASPER.

O sextant of the meetinouse, which sweeps  
And dusts, or is supposed to! and makes fiers,  
And lites the gass, and sumtimes leaves a screw  
loose,  
in which case it smells orful—worse than lamp-ile;  
And wrings the Bel and toles it when men dyes  
to the grief of survivin pardners, and sweeps pathes;  
And for the servases gits \$100 per annum,  
Wich them that thinks deer, let em try it;  
Getin up befor starlite in all wethers and  
Kindlin fiers when the wether is as cold  
As zero, and like as not grean wood for kindlers;  
i would'nt be hired to do it for no some—  
But o sextant! there are 1 kermidity  
Wich's more than gold, wich doant doant nothin,  
Worth more than anything exsep the Sole of Mann!  
i mean power Are, sextant, i mean power Are!  
O it is plenty out o dorees, so plenty it doant no  
What on airth to do with itself, but flys about  
Scatterin leave and blowin off men's hatts;  
in short, its jest 'free as are' out dorees.  
But o sextant, in our church its scarce as piety,  
scarce as bank bills when agints beg for misshuns,  
Wich some say is purty often (taint nothin to me,  
Wat I give aint nothin to nobody) but o sextant,  
u shet 500 men, wimmen and children,  
Speshally the latter, up in a tite place,  
Some has bad breths, some aint 2 swete,  
Some is fevery, some is scrofulus, some has bad teath,  
And some haint none, and some aint over clean;  
But every 1 on em breethes in & out and out and in,  
Say 50 times a minit, or 1 million and a half breths  
an our.

Now how long will a church ful of are last at that  
rate,  
I ask you, say 15 minits, and then what's to be did?  
Why then they must breathe it all over agin,  
And then agin, and so on, till each has took it down  
At least 10 times, and let it up agin, and wants more.  
The same individible doant have the priveledge  
of brethen his own air, and no ones else;  
Each one must take watever comes to him.  
O Sextant, doant you know our lungs is bellusses;  
To blo the fier of life, and keep it from  
goin out; and how can bellusses blo without wind?  
And aint wind are? i put it to your conschens.  
Are is the same to us as milk to babies,  
Or water is to fish, or pendulums to clox—  
Or roots and airbs unto an injun Doctor,  
Or little pills unto an omeopath,  
Or boys to gurls. Are is for us to brethe.  
Wat signifies who preeches if i cant brethe?  
Wats Pol? Wats Pollus? to sinners who are ded?  
Ded for want of breth; why sextant, when we dye  
Its only cause we can't brethe no more—that's ail.  
And now, o sextant, let me beg of you  
2 let a little are into our church.  
(Pewer are is sartin proper for the pews)  
And do it weak days and Sundays tew—  
It aint much trouble—only make a hole  
And the are will come in of itself;  
(It luvs to cum in where it can get warm;)  
And o how it will rouse the people up,  
And sperrit up the preacher, and stop garps,  
And yawns, and figgits, as effectooal  
As wind on the dry Boans the Profit tells of."

After that "APPEEL," we have no more to say! *Verbum sat!*

## DR. GREEN AND THE NEW YORK ACADEMY OF MEDICINE.

THE case of Mr. S. S. WHITNEY, in which death followed the application of the sponge probang by Dr. HORACE GREEN, excited, as might be expected, a vehement debate in the New York Academy of Medicine. A statement was made by Dr. BEALES, who had charge of the patient after he left Dr. Green, to the effect that Dr. G. had erred in his diagnosis, and that his death was the direct consequence of the application of the caustic by the sponge probang. It appears that after leaving Dr. Green, the patient became immediately alarmingly ill, had dyspnoea, followed by extensive emphysema of the face, neck, chest and abdomen, and died one week afterward. At the *post-mortem* examination, an abscess of the size of a hen's egg was found extending a little in front of the pharynx, and downward behind and below the thyroid cartilage. It communicated with the pharynx by an opening large enough to admit the end of the forefinger. The larynx and trachea were healthy, but the mucous membrane of the bronchi was of a vermillion redness. There was recent pleurisy of the upper part of the left chest, and the upper part of the upper lobe of the left lung was hepatized. At the root of this lung, near the commencement of the bronchial ramifications, was a cavity, "about the size of a small black walnut," communicating with an opening through both pleuræ. No tubercles were found.

Dr. Beales stated that, in his opinion, the lesion of the pharynx was the immediate and direct cause of death in this case, and that the cavity found in the lung was not tuberculous. We must admit that the abscess was probably caused by the mucous membrane being accidentally lacerated by the probang. Very likely not more force was used than Dr. Green is accustomed to employ, though we believe those who have witnessed his manipulations, while they accord to him great skill and dexterity, are sometimes surprised at the boldness with which he plunges his instruments into the throat. At any rate, the accident is one which might have happened to any one, and when we consider that Dr. Green has performed the operation *over one hundred thousand times*, it is not remarkable, nor does it indicate any want of skill or care, that in one single instance he should have accidentally lacerated the mucous membrane of the pharynx.

The emphysema was undoubtedly the result of the rupture of the cavity in the left lung into the pleura, produced by the efforts of the patient in coughing; to the same cause must be traced the pneumonia and pleurisy. These complications must have concurred to produce the fatal result, and, indeed, it seems hardly probable that the patient could have died from the abscess in the pharynx alone.

It cannot be pretended that the injection of nitrate of silver into the bronchi had anything to do with the death Mr. Whitney. The operation was only performed once, on the 6th of December, and the patient continued in his usual health up to the 14th, eight days afterward. We do not undertake to say that the introduction of a tube into the trachea, through the glottis, and the injection of caustic solutions into the air-passages, are free from all danger. Time alone can determine how far this can be performed with safety or advantage. It has received the sanction of some of the most eminent physicians in Europe, among whom are M. Trousseau, of Paris, and Dr. J. Hughes Bennett, of Edinburgh, who have repeatedly performed the operation, not only without inconvenience, but with decided benefit to the pa-



tient. Justice demands that the facts respecting this case should be made public, and that an operation which seems to promise so much in the treatment of pulmonary complaints should not be condemned, because another operation, which almost every physician constantly employs, happened accidentally to cause death. We are glad that the case was made the subject of a full discussion in the New York Academy, and that the public are put in possession of the facts by the very full reports of the proceedings in the *New York Times*.

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#### A SANITARY EFFORT IN NEW YORK.

SOME years ago, we urged the importance of establishing in this city public privies and urinals for the convenience of the citizens. Subsequently, we published a communication from Dr. J. V. C. Smith, stating that he had endeavored, while Mayor of the city, to have some cast-iron urinals put up in our streets, but that the project had to be abandoned in consequence of the great opposition it met with. We observe that a Frenchman, Mr. J. VIENNOT, has applied to the city government of New York for permission to place cast-iron urinals in the streets, somewhat similar to those in Paris. He proposes to construct hollow columns, three feet in diameter, and ten feet in height, which are to be supplied with a constant stream of water, and to place them on the edge of the sidewalk, opening upon the carriage way. M. Viennot is willing to undertake the whole enterprise at his own expense, including construction, maintenance and daily supervision, the only recompense which he claims being the exclusive privilege of using the columns for placards, during a period of twenty years.

The great advantage of public urinals, in a sanitary point of view, is so obvious that we need not enlarge upon that point. We hope that M. Viennot's proposition will be favorably received by the municipal government, and that these great conveniences will be established in all the crowded thoroughfares of New York. Their utility would be so quickly recognized that we believe another effort to introduce them into Boston would be successful.

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MESSRS. EDITORS,—In the article on "Voluntary Suspension of the Pulse," in the *JOURNAL* of last week, the line "on a full inspiration, the enlarged lung so forces up the first rib," &c., should read thus:—"On a full inspiration the rib on the side of the enlarged lung is so forced up as to entirely cut off," &c. By making this correction, you will much oblige

Yours,

J. E. B.

January 20th, 1859.

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*Funeral Service of Thirteen Philadelphian Physicians and Nurses.*—The funeral services in commemoration of the labors of thirteen Philadelphians, who perished of yellow fever at Norfolk and Portsmouth, while rendering assistance as physicians and nurses, were held at St. Stephen's Church, Philadelphia, Tuesday morning, January 18th. After the services by Dr. DUCACHET, the remains were removed to Laurel Hill for re-interment, under the charge of Thomas Webster, Jr., Trustee of the Philadelphia Committee of Relief. Citizens of Portsmouth and Norfolk, then in Philadelphia, participated in the ceremonies, with a large concourse of the friends and relatives of the deceased.



*Hydrophobia from the Bite of a Pole-Cat.*—The (Augusta) *Southern Medical and Surgical Journal*, for January, contains the report of a case of hydrophobia, from the bite of a pole-cat, by Dr. R. De Jernett, of Greenville, Texas. The patient was a little girl, ten years of age, who was bitten on the 8th of January [1857, we presume], and the symptoms of hydrophobia appeared Feb. 21st. She died on the 24th, with the characteristic symptoms. Tracheotomy was performed, but without relief.

*Smallpox at the Cape of Good Hope.*—The schooner *Wm. M. Dodge*, from Cape Town, Nov. 27th, reports the smallpox and fever raging there with great fatality. The Cape Town *Advertiser* says, that if proper remedial measures had been adopted, one thousand lives would have been saved in the brief time the epidemic has been raging.

*Death of Dr. Bright.*—London papers announce the death of Dr. Richard Bright, the eminent physician, by which the medical profession has lost one of its most illustrious members. Dr. Bright died on Dec. 16th, after a short illness. The lamented gentleman received patients and was out in his carriage on the previous Saturday, after which he complained of indisposition, and retired to his chamber, which he was destined never to leave again alive. Dr. Bright was the third son of Mr. Richard Bright, of Ham Green, Somerset, and was born in Bristol, in September, 1789, so that he was in his 70th year. The late Dr. Bright had contributed largely to the advancement of medical science by his numerous works, was physician extraordinary to the Queen, was a Fellow of the Royal Society and several other scientific institutions.

*Humulus Lupulus. Hop.*—Dr. Wilson, of Port Huron, states "That lupulin is described in the books as narcotic sedative. I have used it a great deal, but never saw anything approaching to narcotism produced by it. I have found it to be an efficient antiphrodisiac in spermatorrhœa. Dr. Smith, of Troy, in this State, says he used it with considerable benefit in a case of hysteria, but a tolerance was soon established, and after a few days it had no more effect. I have observed this, but generally found that if, after a suspension of a few days, it be again used, it is as efficient as ever. From comparing my experience with that of Dr. Smith, I would be inclined to regard it as having specific action upon the lower part of the spinal cord, depressing its reflex power.—*Peninsular and Independent Medical Journal.*

THE practising physicians of Doniphan and Brown Counties, Kansas Territory, actuated by commendable zeal for the advancement of their profession, met at Troy, the county seat of Doniphan County, pursuant to notice, for the purpose of organizing a medical society. The meeting was largely attended, and much interest manifested; the utmost harmony and good feeling prevailed. A society was permanently organized by electing Dr. Wheeler, of Palermo, President; Dr. O. Brown, of Doniphan, Vice President; Dr. Beaumont, of Iowa Point, Secretary; and Dr. Clark, of Hiawatha, Brown County, Treasurer. A committee was appointed to draft constitution, by-laws and fee-bill.—*St. Joseph (Mo.) Journal of Medicine and Surgery.*

MARRIED.—At Philadelphia, 11th inst., Dr. Lewis A. Edwards, U. S. A., to Elizabeth R., daughter of the late James Cooper, M.D., of Newcastle, Del.

DIED.—In Salem, 15th inst., Dr. James Mills, 91.—In Charleston, S. C., Dr. P. C. Gaillard, Professor of the Institutes and Practice of Medicine in the Medical College of South Carolina.

*Deaths in Boston* for the week ending Saturday noon, January 22d, 76. Males, 33—Females, 43.—Accident (fracture of skull), 1—anæmia, 1—apoplexy, 1—asthma, 1—inflammation of the bowels, 1—inflammation of the brain, 4—congestion of the brain, 1—softening of the brain, 1—consumption, 17—convulsions, 4—croup, 4—cystitis, 1—dropsy, 2—dropsy in the head, 3—debility, 3—infantile diseases, 3—scarlet fever, 1—typhoid fever, 1—gangrene of the leg, 1—homicide, 1—disease of the heart, 2—hernia, 1—influenza, 1—intemperance (delirium tremens), 1—inflammation of the lungs, 6—congestion of the lungs, 1—old age, 2—palsy, 1—peritonitis, 1—pleurisy, 1—scrofula, 1—syphilis, 1—teething, 2—tuberculosis, 1—whooping cough, 2.

Under 5 years, 29—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 6—above 60 years, 14. Born in the United States, 58—Ireland, 14—other places, 4.















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